ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Ford City Dialysis	
Street Address:	8159 South Cicero Avenue	
City and Zip Code:	Chicago, Illinois 60652	
County: Cook	Health Service Area: 6	Health Planning Area: 6

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	DaVita Inc.
Street Address:	2000 16th Street
City and Zip Code:	Denver, CO 80202
Name of Registered Agent:	Illinois Corporation Service Company
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, Illinois 62703
Name of Chief Executive Officer:	Kent Thiry
CEO Street Address:	2000 16th Street
CEO City and Zip Code:	Denver, CO 80202
CEO Telephone Number:	(303) 405-2100

Type of Ownership of Applicants

- ☐ Non-profit Corporation
- ☒ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Tim Tincknell
Title:	Administrator
Company Name:	DaVita Inc.
Address:	2484 North Elston Avenue, Chicago, Illinois 60647
Telephone Number:	773-278-4403
E-mail Address:	timothy.tincknell@davita.com
Fax Number:	866-586-3214

Additional Contact [Person who is also authorized to discuss the application for permit]

Name:	Brent Habitz
Title:	Regional Operations Director
Company Name:	DaVita Inc.
Address:	1600 West 13th Street, Suite 3, Chicago, Illinois 60608
Telephone Number:	312-243-9286
E-mail Address:	brent.habitz@davita.com
Fax Number:	855-237-5324

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City and Zip Code:	Chicago, Illinois 60652	
County: Cook	Health Service Area: 6	Health Planning Area: 6

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Total Renal Care, Inc.
Street Address:	2000 16th Street
City and Zip Code:	Denver, CO 80202
Name of Registered Agent:	Illinois Corporation Service Company
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, Illinois 62703
Name of Chief Executive Officer:	Kent Thiry
CEO Street Address:	2000 16th Street
CEO City and Zip Code:	Denver, CO 80202
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E-mail Address:	brent.habitz@davita.com
Fax Number:	855-237-5324

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name:	Kara Friedman
Title:	Attorney
Company Name:	Polsinelli PC
Address:	150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606-1599
Telephone Number:	312-873-3639
E-mail Address:	kfriedman@polsinelli.com
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Norcor Cicero Associates, LLC

Address of Site Owner: 1030 West Higgins Road, Suite 360, Park Ridge, Illinois 60068

Street Address or Legal Description of the Site: 8159 South Cicero Avenue, Chicago, Illinois 60652

Legal Description

LOT "A" (EXCEPT THE WEST 5 FEET OF THE NORTH 352 FEET THEREOF, EXCEPT THE SOUTH 262.60 FEET THEREOF AND EXCEPT THE NORTH 304.60 FEET OF THE SOUTH 567.20 FEET, ALL AS MEASURED ON THE WEST LINE OF SAID LOT "A") IN THE RESUBDIVISION OF CERTAIN LOTS AND VACATED STREETS IN SCOTTSDALE THIRD ADDITION, BEING RAYMOND L. LUTGERT'S RESUBDIVISION OF PARTS OF LOT 5 IN ASSESSOR'S SUBDIVISION OF SECTION 34, AND THE NORTH 1/2 OF SECTION 32, TOWNSHIP 38 NORTH, RANGE 13 AND PART OF LOT 3 IN THE SUBDIVISION OF LOT 4 IN SAID ASSESSOR'S SUBDIVISION, ALSO LOTS "B", "C" AND "D" IN SCOTTSDALE FIRST ADDITION IN COOK COUNTY, ILLINOIS

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name:	Total Renal Care, Inc.
Address:	2000 16th Street, Denver, CO 80202

☐ Non-profit Corporation ☐ Partnership
☒ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 **(http://www.hfsrb.illinois.gov)**.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

☒ Substantive

☐ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

DaVita, Inc. and Total Renal Care, Inc., (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 12-station dialysis facility located at 8159 South Cicero Avenue, Chicago, Illinois 60652. The proposed dialysis facility will include a total of approximately 4,390 gross square feet in clinical space and 2,693 gross square feet of non-clinical space for a total of 7,083 gross rentable square feet.

This project has been classified as substantive because it involves the establishment of a health care facility.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	$777,708	$477,077	$1,254,785
Contingencies	$77,770	$47,707	$125,477
Architectural/Engineering Fees	$92,000	$25,000	$117,000
Consulting and Other Fees	$80,000	$10,000	$90,000
Movable or Other Equipment (not in construction contracts)	$627,905	$81,822	$709,727
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$766,246	$470,046	$1,236,292
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$2,421,629**	**$1,111,652**	**$3,533,281**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$1,655,383	$641,606	$2,296,989
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$766,246	$470,046	$1,236,292
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$2,421,629**	**$1,111,652**	**$3,533,281**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs
Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☒ Yes ☐ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ 2,225,459.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): August 31, 2019

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:
☐ Cancer Registry
☐ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME:		**CITY:**			
REPORTING PERIOD DATES:		**From:**	**to:**		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of DaVita Inc.* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Michael D. Staffieri
PRINTED NAME

Chief Operating Officer, DaVita Kidney Care
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of July, 2017

Monica Meyer
Signature of Notary

Seal

MONICA MEYER
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID # 20084018135
MY COMMISSION EXPIRES 06-02-2020

SIGNATURE

Arturo Sida
PRINTED NAME

Assistant Corporate Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

See Attached
Signature of Notary

Seal

*Insert EXACT legal name of the applicant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On July 14, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application Certification (DaVita Inc. / Total Renal Care, Inc.) (Ford City Dialysis)

Document Date: July 14, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. (Ford City Dialysis)

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Total Renal Care, Inc.* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE	SIGNATURE
Michael D. Staffieri	Arturo Sida
PRINTED NAME	PRINTED NAME
Chief Operating Officer	Secretary
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 13th day of July, 2017	Notarization: Subscribed and sworn to before me this _____ day of _____
Monica Meyer	See Attached
Signature of Notary	Signature of Notary
Seal MONICA MEYER NOTARY PUBLIC STATE OF COLORADO NOTARY ID # 20084018135 MY COMMISSION EXPIRES 06-02-2020	Seal

*Insert EXACT legal name of the applicant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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County of Los Angeles

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(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

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Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. (Ford City Dialysis)

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Background

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.230 – Purpose of the Project, and Alternatives

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

   c. The project involves the conversion of existing space that results in excess square footage.

   d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data is available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

F. Criterion 1110.1430 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize the In-Center Hemodialysis category of service must submit the following information:
2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
☒ In-Center Hemodialysis	0	12

3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(c)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(c)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(c)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(c)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(c)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(d)(1) - Unnecessary Duplication of Services	X		
1110.1430(d)(2) - Maldistribution	X		
1110.1430(d)(3) - Impact of Project on Other Area Providers	X		
1110.1430(e)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.1430(f) - Staffing	X	X	
1110.1430(g) - Support Services	X	X	X
1110.1430(h) - Minimum Number of Stations	X		
1110.1430(i) - Continuity of Care	X		
1110.1430(j) - Relocation (if applicable)	X		
1110.1430(k) - Assurances	X	X	
APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

4. **Projects for relocation** of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1130.525 – "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.1430(j) - Relocation of an in-center hemodialysis facility.

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable **[Indicate the dollar amount to be provided from the following sources]:**

$2,296,989	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
$1,236,292 (FMV of Lease)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.

_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$3,533,281	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

   B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 40.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost In dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 41.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita Inc. and Total Renal Care, Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Total Renal Care, Inc. will be the operator of Ford City Dialysis. Ford City Dialysis is a trade name of Total Renal Care, Inc. and is not separately organized. As the person with final control over the operator, DaVita Inc. is named as an applicant for this CON application. DaVita Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita Inc. from the state of its incorporation, Delaware, is attached.

Attachment - 1

Delaware

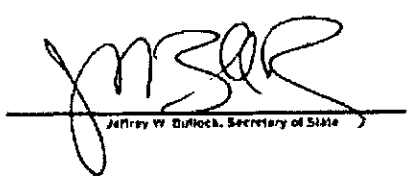
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2391269 8300

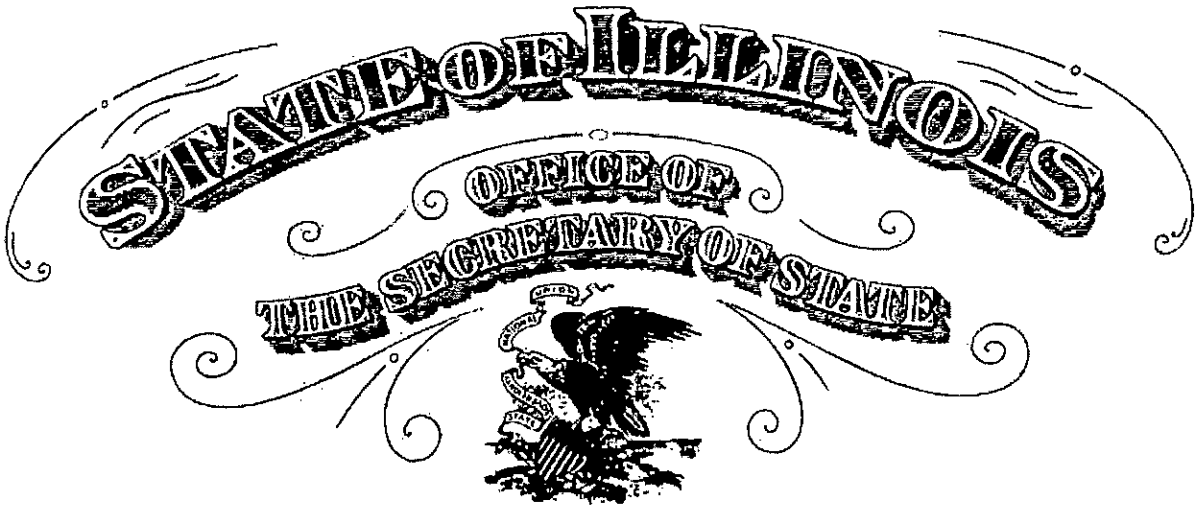
SR# 20165704525

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202957561

Date: 09-08-16

File Number 5823-002-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 24TH *day of* JULY *A.D.* 2017 .

Jesse White

SECRETARY OF STATE

Authentication #: 1720501710 verifiable until 07/24/2018
Authenticate at: http://www.cyberdriveillinois.com

Attachment – 1

Section I, Identification, General Information, and Certification
Site Ownership

The letter of intent between Norcor Cicero Associates, LLC and Total Renal Care, Inc. to lease the facility located at 8159 South Cicero Avenue, Chicago, Illinois 60652 is attached at Attachment – 2.

Attachment - 2

CUSHMAN & WAKEFIELD
225 West Wacker Drive, Suite 3000
Chicago, IL 60606
Web: www.cushmanwakefield.com

September 5, 2017

Sean Devine
Newcastle Properties
1030 W Higgins Rd #360
Park Ridge, IL 60068

RE: LOI – 8159 S Cicero Ave, Chicago, IL 60652

Mr. Devine:

Cushman & Wakefield ("C&W") has been authorized by Total Renal Care, Inc. a subsidiary of DaVita, Inc. to assist in securing a lease requirement. DaVita, Inc. is a Fortune 200 company with revenues of approximately $13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 in 10 countries outside the US. Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	8159 S Cicero Ave, Chicago, IL 60652 LOT "A" (EXCEPT THE WEST 5 FEET OF THE NORTH 352 FEET THEREOF, EXCEPT THE SOUTH 262.60 FEET THEREOF AND EXCEPT THE NORTH 304.60 FEET OF THE SOUTH 567.20 FEET, ALL AS MEASURED ON THE WEST LINE OF SAID LOT "A") IN THE RESUBDIVISION OF CERTAIN LOTS AND VACATED STREETS IN SCOTTSDALE THIRD ADDITION, BEING RAYMOND L. LUTGERT'S RESUBDIVISION OF PARTS OF LOT 5 IN ASSESSOR'S SUBDIVISION OF SECTION 34, AND THE NORTH 1/2 OF SECTION 32, TOWNSHIP 38 NORTH, RANGE 13 AND PART OF LOT 3 IN THE SUBDIVISION OF LOT 4 IN SAID ASSESSOR'S SUBDIVISION, ALSO LOTS "B", "C" AND "D" IN SCOTTSDALE FIRST ADDITION IN COOK COUNTY, ILLINOIS
TENANT:	Total Renal Care, Inc. or related entity to be named
LANDLORD:	*Norcor Cicero Associates, LLC*
SPACE REQUIREMENTS:	Requirement is for approximately 7,083 SF of contiguous rentable square feet. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.
PRIMARY TERM:	10 years
BASE RENT:	Years 1 – 5 = $25.00/psf NNN Years 6 – 10 = $27.50/psf NNN

Attachment – 2

CUSHMAN & WAKEFIELD

ADDITIONAL EXPENSES:

Taxes - $3.30/sf *(estimated 2017)*
CAM - *$3.77/sf (estimated 2017)*

7,083 / 66,423 = 10.7%

Tenant to pay water, electricity, gas and trash removal directly.

Landlord to limit Tax and CAM charges to $7.07/sf (estimated 2017) in the first full lease year. "Controllable" Common Area Expenses shall not increase by more than five percent (5%) per calendar year on a cumulative basis. It is understood and agreed that controllable Common Area Expenses shall not include snow and ice removal, common area utility expenses, and insurance premiums.

LANDLORD'S MAINTENANCE:

Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

POSSESSION AND RENT COMMENCEMENT:

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within 120 days from the later of February 1, 2018, lease execution or waiver of CON contingency. Rent Commencement shall be the earlier of six (6) months from Possession or the date each of the following conditions have occurred:

a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and

b. A certificate of occupancy for the Premises has been obtained from the city or county; and

c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM:

Tenant's standard lease form.

USE:

The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

CUSHMAN & WAKEFIELD

PARKING:

Tenant requests:

a) A stated parking allocation of four stalls per 1,000 sf or higher if required by code
b) Of the stated allocation, dedicated parking at one stall per 1,000 sf
c) Handicapped stalls located near the front door to the Premises
d) A patient drop-off area, preferably covered

BUILDING SYSTEMS:

Landlord shall warrant that the building's mechanical, electrical, plumbing, HVAC systems, roof, and foundation are in good order and repair for one year after lease commencement. Furthermore, Landlord will remain responsible for ensuring the parking and common areas are ADA compliant.

LANDLORD WORK:

Landlord, at Landlord's expense, shall deliver to the Premises the following improvements:

- Remove and replace the existing roof assembly and all existing mechanical equipment and penetrations not being used. Landlord to infill any all old penetrations with metal decking to match existing. Coordinate necessary future penetrations and HVAC openings with Tenant prior to roof install and add roof hatch per mutually agreeable location. Landlord to remove and replace all old clay tile coping with new metal and re-caulk all old metal copings.

- The roof system shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof insulation to meet current energy codes. Ice control measures mechanically or electrically controlled to be considered in climates subject to these conditions. Roof and all related systems to be maintained by the Landlord for the duration of the lease.

- Provide Tenant Improvement Allowance to replace storefront and glazing system with thermally broken system.

- Premises entirely demised and gutted. Landlord will be responsible for demolition of all interior partitions, doors and frames, coolers, freezers, grease trap, plumbing, electrical, mechanical systems, remove all lighting, ceiling grid, carpet and/or ceramic tile and finishes of the existing building from slab to roof deck to create a "raw shell" condition. Premises shall be broom clean and ready for interior improvements; free and clear of any components, asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards.

- Provide Tenant Improvement Allowance to repair concrete in proposed loading area, rust on existing canopy, and rust on the steel lintels.

- Install new gates and fencing with either wood or steel materials. Repaint the enclosure of dock and trash area adjacent to the Premises. All improvements need to be approved by Tenant and coordinated with Tenant's plan.

- Seal overhead door in the rear of the Premises to be taken out and infill old opening with masonry to match existing.

- Sealcoat and restripe the parking lot based upon Tenant's design and provide Tenant identified signage for dedicated stalls including ADA fronting the Premises.

- In addition, Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. If any defects in the structure including the exterior walls, lintels, floor and roof framing or utility lines are found, prior to or during Tenant construction (which are not the fault of the Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant.

TENANT IMPROVEMENTS:

As part of Landlord's work, Landlord shall provide a tenant improvement allowance ("TIA") of $20.00/psf.

Tenant shall have the right to remove the existing ramp area and infill at Tenant's cost.

Tenant shall have the option to have the TIA paid directly to Tenant or Tenant's general contractor. TIA to be Tenant's sole discretion, offset in rent, right to select architectural and engineering firms, no supervision fees associated with construction, no charges may be imposed by landlord for the use of loading docks, freight elevators during construction, shipments and landlord to pad elevators, etc.

OPTION TO RENEW:

Three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 10 of the initial term and following each successive five-year option periods.

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE:

Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and

any extension thereof, under the same terms and conditions of Tenant's existing lease.

FAILURE TO DELIVER PREMISES: If Landlord has not delivered the premises to Tenant with all Landlord Work items substantially completed within 120 days from the later of February 1, 2018, lease execution or waiver of CON contingency, Tenant may elect to receive two days of rent abatement for every day of delay beyond the 120-day delivery period.

HOLDING OVER: Tenant shall be obligated to pay 110% of the then current rate.

TENANT SIGNAGE: Tenant shall have the right to install building, monument and dual pylon signage at the Premises, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS: Tenant requires building hours of 24 hours a day, seven days a week.

SUBLEASE/ASSIGNMENT: Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval.

ROOF RIGHTS: Tenant shall have the right to place a satellite dish on the roof at no additional fee.

NON-COMPETE: Landlord agrees not to lease space to another dialysis provider within a five-mile radius of Premises.

HVAC: As part of Landlord's work, Landlord shall provide an HVAC allowance included in the Tenant Improvement Allowance indicated above. Tenant responsible for HVAC distribution.

DELIVERIES: To be reconfigured by Tenant in existing loading area adjacent to the Premises.

GOVERNMENTAL COMPLIANCE: Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and to the best of Landlord's knowledge, environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

CUSHMAN & WAKEFIELD

CERTIFICATE OF NEED: Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from an executed LOI. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the date of an executed LOI, neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

ENVIRONMENTAL SURVEY: Landlord to deliver Premises free and clear of any environmental issues including but not limited to asbestos and mold. Landlord will provide Tenant with a letter from a certified environmental consultant acceptable to Tenant certifying the space as such.

BROKERAGE FEE: Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee per separate agreement.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit B. The information in this proposal is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,

Matthew Gramlich

CC: DaVita Regional Operational Leadership

CUSHMAN & WAKEFIELD

SIGNATURE PAGE

LETTER OF INTENT: **8159 S Cicero Ave, Chicago, IL 60652**

AGREED TO AND ACCEPTED THIS 6 DAY OF SEPTEMBER 2017

By: _____

On behalf of Total Renal Care, Inc., a subsidiary of DaVita, Inc.
("Tenant")

AGREED TO AND ACCEPTED THIS 5TH DAY OF SEPTEMBER 2017

By: _____

On behalf of NORCOR CICERO ASSOCIATES, LLC
("Landlord")

CUSHMAN & WAKEFIELD

EXHIBIT A

NON-BINDING NOTICE

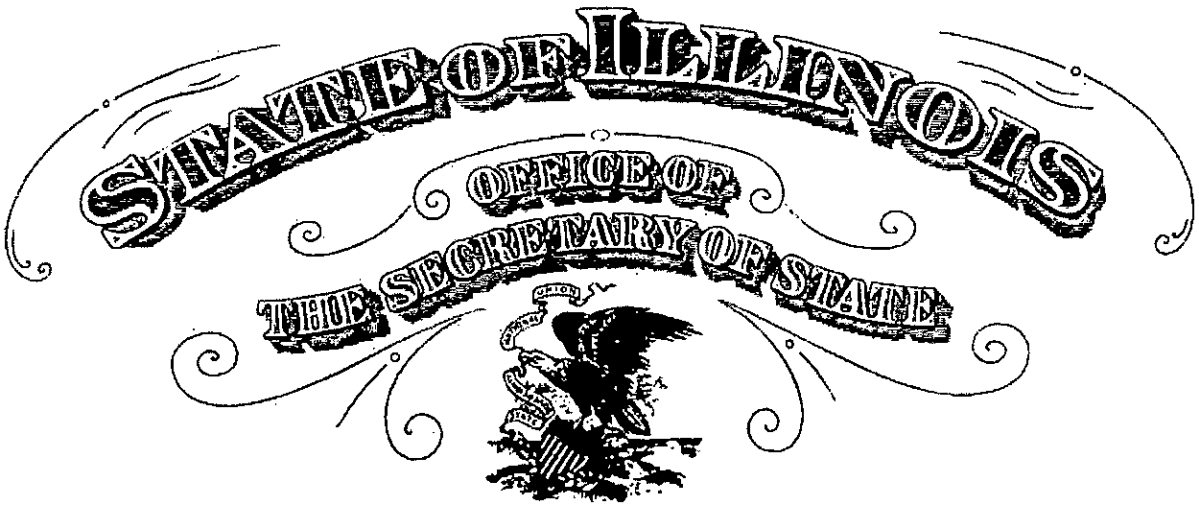
NOTICE: THE PROVISONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR C&W) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR C&W INTENDS ON THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS LETTER OF INTENT WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. C&W IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES C&W HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD.

Section I, Identification, General Information, and Certification
Operating Entity/Licensee

The Illinois Certificate of Good Standing for Total Renal Care, Inc. is attached at Attachment – 3.

Attachment - 3

File Number 5823-002-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 24TH *day of* JULY *A.D.* 2017 .

Jesse White

SECRETARY OF STATE

Authentication #: 1720501710 verifiable until 07/24/2018
Authenticate at: http://www.cyberdriveillinois.com

Attachment – 3

Section I, Identification, General Information, and Certification
Organizational Relationships

The organizational chart for DaVita Inc., Total Renal Care, Inc. and Ford City Dialysis is attached at Attachment – 4.

Attachment - 4

Ford City Dialysis Organizational Chart

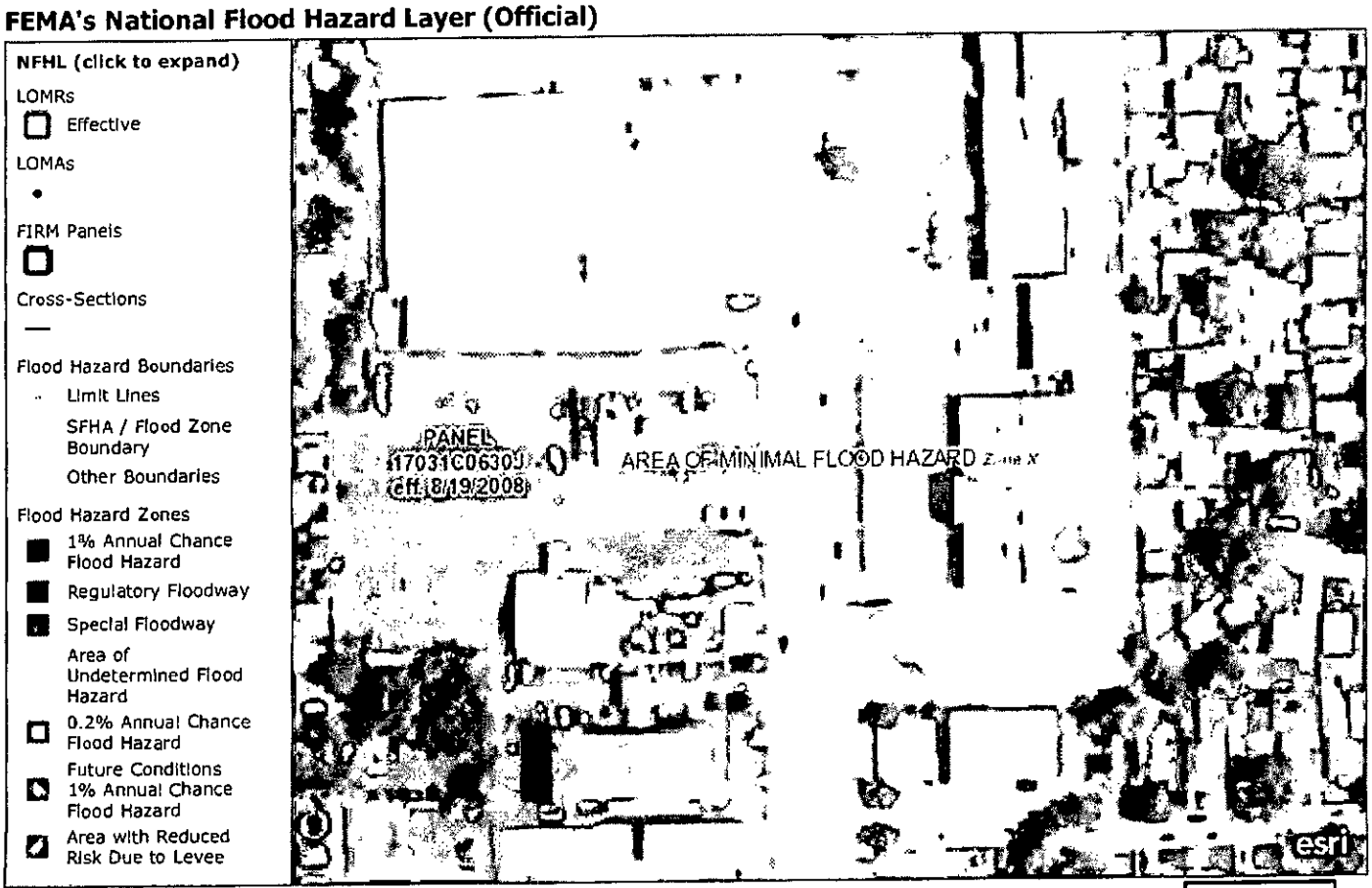
Attachment – 4

Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2006-5. The proposed dialysis facility will be located at 8159 South Cicero Avenue, Chicago, Illinois 60652. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5. The interactive map for Panel 17031C0630J reveals that this area is not included in the flood plain.

Attachment - 5

FEMA's National Flood Hazard Layer (Official)



Data from Flood Insurance Rate Maps (FIRMs) where available digitally. New NFHL FIRMette Print app available: http://tinyurl.com/j4xwp5e

USGS The National Map: Orthoimagery | National Geospatial-Intelligence Agency (NGA); Delta State University; Esri | Print here instead: http://tinyurl.com/j4xwp5e Support: FEMAMapSpecialist@riskmapcds.com | USGS The National Map: Orthoimagery

Attachment – 5

Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The Historic Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.

Attachment - 6

Illinois Department of
Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Bruce Rauner, Governor
Wayne A. Rosenthal, Director

FAX (217) 524-7525

Cook County
Chicago
CON - Lease to Establish a 12-Station Dialysis Facility
8159 S. Cicero Ave.
SHPO Log #011081617

September 6, 2017

Timothy Tincknell
DaVita Healthcare Partners, Inc.
2484 N. Elston Ave.
Chicago, IL 60647

Dear Mr. Tincknell:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact David Halpin, Cultural Resources Manager, at 217/785-4998.

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

Attachment – 6

Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

Table 1120.110			
Project Cost	**Clinical**	**Non-Clinical**	**Total**
New Construction Contracts			
Modernization Contracts	$777,708	$477,077	$1,254,785
Contingencies	$77,770	$47,707	$125,477
Architectural/Engineering Fees	$92,000	$25,000	$117,000
Consulting and Other Fees	$80,000	$10,000	$90,000
Moveable and Other Equipment			
Communications	$97,644		$97,644
Water Treatment	$188,382		$188,382
Bio-Medical Equipment	$15,550		$15,550
Clinical Equipment	$298,444		$298,444
Clinical Furniture/Fixtures	$27,885		$27,885
Lounge Furniture/Fixtures		$3,855	$3,855
Storage Fumiture/Fixtures		$5,862	$5,862
Business Office Fixtures		$30,905	$30,905
General Furniture/Fixtures		$29,200	$29,200
Signage		$12,000	$12,000
Total Moveable and Other Equipment	$627,905	$81,822	$709,727
Fair Market Value of Leased Space	$766,246	$470,046	$1,236,292
Total Project Costs	**$2,421,629**	**$1,111,652**	**$3,533,281**

Section I, Identification, General Information, and Certification
Project Status and Completion Schedules

The Applicants anticipate project completion within approximately **18** months of project approval.

Further, although the Letter of Intent attached at Attachment – 2 provides for project obligation to occur after permit issuance, the Applicants will begin negotiations on a definitive lease agreement for the facility, with the intent that any lease executed prior to permit issuance will contain a clause stating that the effectiveness of the lease is contingent upon CON permit issuance.

Section I, Identification, General Information, and Certification
Current Projects

DaVita Current Projects			
Project Number	**Name**	**Project Type**	**Completion Date**
15-020	Calumet City Dialysis	Establishment	01/31/2018
15-025	South Holland Dialysis	Relocation	04/30/2018
15-048	Park Manor Dialysis	Establishment	02/28/2018
15-049	Huntley Dialysis	Establishment	02/28/2018
15-054	Washington Heights Dialysis	Establishment	03/31/2018
16-004	O'Fallon Dialysis	Establishment	03/31/2018
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-015	Forest City Rockford	Establishment	06/30/2018
16-023	Irving Park Dialysis	Establishment	08/31/2018
16-033	Brighton Park Dialysis	Establishment	10/31/2018
16-036	Springfield Central Dialysis	Relocation	03/31/2019
16-037	Foxpoint Dialysis	Establishment	07/31/2018
16-040	Jerseyville Dialysis	Expansion	07/31/2018
16-041	Taylorville Dialysis	Expansion	07/31/2018
16-051	Whiteside Dialysis	Relocation	03/31/2019

Section I, Identification, General Information, and Certification
Cost Space Requirements

Cost Space Table							
		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	$2,421,629		4,390		4,390		
Total Clinical	$2,421,629		4,390		4,390		
NON REVIEWABLE							
Administrative	$1,111,652		2,693		2,693		
Total Non-Reviewable	$1,111,652		2,693		2,693		
TOTAL	$3,533,281		7,083		7,083		

Attachment – 9

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(a), Project Purpose, Background and Alternatives

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of Ford City Dialysis, a 12-station in-center hemodialysis facility to be located at 8159 South Cicero Avenue, Chicago, Illinois 60652.

DaVita Inc. is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2016 Community Care report details DaVita's commitment to quality, patient centric focus and community outreach and was previously included in our Illini Renal Dialysis CON application (Proj. No. 17-032). Some key initiatives of DaVita which are covered in that report are also outlined below,

Kidney Disease Statistics

30 million or 15% of U.S. adults are estimated to have CKD.[1] Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1999-2002 and 2011-2014, the overall prevalence estimate for CKD rose from 13.9 to 14.8 percent. The largest relative increase, from 38.2 to 42.6 percent, was seen in those with cardiovascular disease.[2]

- Many studies now show that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.[3]

- Over six times the number of new patients began treatment for ESRD in 2014 (120,688) versus 1980 (approximately 20,000).[4]

- Over eleven times more patients are now being treated for ESRD than in 1980 (678,383 versus approximately 60,000).[5]

- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.[6]

- Lack of access to nephrology care for patients with CKD prior to reaching end stage kidney disease which requires renal replacement therapy continues to be a public health concern. Timely CKD care is imperative for patient morbidity and mortality. Beginning in 2005, CMS

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[1] Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention and Health Promotion, National Chronic Kidney Disease Fact Sheet, 2017 (2017) *available at* https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf (last visited Jul. 20, 2017).

[2] US Renal Data System, USRDS 2016 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 39 (2016).

[3] Id.

[4] Id. at 215.

[5] Id. at 216.

[6] Id at 288.

began to collect CKD data on patients beginning dialysis. Based on that data, it appears that little progress has been made to improve access to pre-ESRD kidney care. For example, in 2014, 24% of newly diagnosed ESRD patients had not been treated by a nephrologist prior to beginning dialysis therapy. And among these patients who had not previously been followed by a nephrologist, 63% of those on hemodialysis began therapy with a catheter rather than a fistula. Comparatively, only 34% of those patients who had received a year or more of nephrology care prior to reaching ESRD initiated dialysis with a catheter instead of a fistula.[7]

DaVita's Quality Recognition and Initiatives

Awards and Recognition

- Quality Incentive Program. DaVita ranked first in outcomes for the fourth straight year in the Centers for Medicare and Medicaid Services ("CMS") end stage renal disease ("ESRD") Quality Incentive Program. The ESRD QIP reduces payments to dialysis facilities that do not meet or exceed CMS-endorsed performance standards. DaVita outperformed the other ESRD providers in the industry combined with only 11 percent of facilities receiving adjustments versus 23 percent for the rest of the industry.

- Coordination of Care. On June 29, 2017, CAPG, the leading association in the country representing physician organizations practicing capitated, coordinated care, awarded both of DaVita's medical groups - HealthCare Partners in California and The Everett Clinic in Washington - its Standards of Excellence™ Elite Awards. The CAPG's Standards of Excellence™ survey is the industry standard for assessing the delivery of accountable and value based care. Elite awards are achieved by excelling in six domains including Care Management Practices, Information Technology, Accountability and Transparency, Patient-Centered Care, Group Support of Advanced Primary Care and Administrative and Financial Capability.

- Joint Commission Accreditation. In August 2016, DaVita Hospital Services, the first inpatient kidney care service to receive Ambulatory Health Care Accreditation from the Joint Commission, was re-accredited for three years. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. For the past three years, DaVita identified key areas for improvement, created training presentations and documents, provided WebEx training sessions and coordinated 156 hospital site visits for The Joint Commission Surveyors and DaVita teammates. Accreditation allows DaVita to monitor and evaluate the safety of kidney care and apheresis therapies against ambulatory industry standards. The accreditation allows for increased focus on enhancing the quality and safety of patient care; improved clinical outcomes and performance metrics, risk management and survey preparedness. Having set standards in place can further allow DaVita to measure performance and become better aligned with its hospital partners.

- Military Friendly Employer Recognition. DaVita has been repeatedly recognized for its commitment to its employees, particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. Victory Media, publisher of GI Jobs® and *Military Spouse Magazine*, recently recognized DaVita as a 2017 Top Military Friendly Employer for the eighth consecutive year. Companies competed for the elite Military Friendly® Employer title by completing a data-driven survey. Criteria included a benchmark score across key programs and policies, such as the strength of company military recruiting efforts, percentage of new hires with prior military service, retention programs for veterans, and company policies on National Guard and Reserve service.

- Workplace Awards. In April 2017, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the tenth consecutive year, DaVita appeared on WorldBlu's list, formerly known

[7] Id at 292-294.

as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the sixth consecutive year, DaVita was recognized as a Top Workplace by The Denver Post. In 2017, DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the thirteenth year in a row. Finally, DaVita has been recognized as one of Fortune® Magazine's Most Admired Companies in 2017 – for the tenth consecutive year and eleventh year overall.

Quality Initiatives

DaVita has undertaken many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. These programs and others are described below.

- On June 16, 2016, DaVita announced its partnership with Renal Physicians Association ("RPA") and the American Board of Internal Medicine ("ABIM") to allow DaVita-affiliated nephrologists to earn Maintenance of Certification ("MOC") credits for participating in dialysis unit quality improvement activities. MOC certification highlights nephrologists' knowledge and skill level for patients looking for high quality /care.

- To improve access to kidney care services, DaVita and Northwell Health in New York have collaborated to serve thousands of patients in Queens and Long Island with integrated kidney care. The collaboration will provide kidney care services in a multi-phased approach, including:

    - Physician education and support
    - Chronic kidney disease education
    - Network of outpatient centers
    - Hospital services
    - Vascular access
    - Integrated care
    - Clinical research
    - Transplant services

The collaboration encourages patients to better utilize in-home treatment options.

- DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may improve patient outcomes and reduce ESRD as follows:

    (i) Reduced GFR is an independent risk factor for morbidity and mortality. A reduction in the rate of decline in kidney function upon nephrologists' referrals has been associated with prolonged survival of CKD patients,

    (ii) Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and

    (iii) Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

A care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Through the Kidney Smart program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. DaVita's Kidney Smart program encourages CKD patients to take control of their health and make informed decisions about their dialysis care.

- DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. Through IMPACT, DaVita's physician partners and clinical team have had proven positive results in addressing the critical issues of the incident dialysis patient. The program has helped improve DaVita's overall gross mortality rate, which has fallen 28% in the last 13 years.

- DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NAVII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal.

- For more than a decade, DaVita has been investing and growing its integrated kidney care capabilities. Through Patient Pathways, DaVita partners with hospitals to provide faster, more accurate ESRD patient placement to reduce the length of hospital inpatient stays and readmissions. Importantly, Patient Pathways is not an intake program. An unbiased onsite liaison, specializing in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provides information about insurance, treatment modalities, outpatient care, financial obligations before discharge, and grants available to ESRD patients. Patients choose a provider/center that best meets their needs for insurance, preferred nephrologists, transportation, modality and treatment schedule.

  DaVita currently partners with over 250 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. Since its creation in 2007, Patient Pathways has impacted over 130,000 patients. The Patient Pathways program reduced overall readmission rates by 18 percent, reduced average patient stay by a half-day, and reduced acute dialysis treatments per patient by 11 percent. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

- Since 1996, Village Health has innovated to become the country's largest renal National Committee for Quality Assurance accredited disease management program. VillageHealth's Integrated Care Management ("ICM") services partners with patients, providers and care team members to focus on the root causes of unnecessary hospitalizations such as unplanned dialysis starts, infection, fluid overload and medication management.

  VillageHealth ICM services for payers and ACOs provide CKD and ESRD population health management delivered by a team of dedicated and highly skilled nurses who support patients both in the field and on the phone. Nurses use VillageHealth's industry-leading renal decision support and risk stratification software to manage a patient's coordinated needs. Improved clinical outcomes and reduced hospital readmission rates have contributed to improved quality of life for patients. As of 2014, VillageHealth ICM has delivered up to a 15 percent reduction in non-

dialysis medical costs for ESRD patients, a 15 percent lower year-one mortality rate over a three-year period, and 27 percent fewer hospital readmissions compared to the Medicare benchmark. Applied to DaVita's managed ESRD population, this represents an annual savings of more than $30 million.

- Transplant Education. DaVita has long been committed to helping its patients receive a thorough kidney transplant education within 30 days of their first dialysis treatment. Patients are educated about the step-by-step transplant process and requirements, health benefits of a transplant and the transplant center options available to them. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.

- Dialysis Quality Indicators. In an effort to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers: dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.

- Pharmaceutical Compliance. DaVita Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering medications to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. DaVita Rx patients have medication adherence rates greater than 80%, almost double that of patients who fill their prescriptions elsewhere, and are correlated with 40% fewer hospitalizations.

Service to the Community

- DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. DaVita Way of Giving program donated $2.2 million in 2016 to locally based charities across the United States. Its own employees, or members of the "DaVita Village," assist in these initiatives. In 2016, more than 560 riders participated in Tour DaVita, DaVita's annual charity bike ride, which raised $1.2 million to support Bridge of Life. Bridge of Life serves thousands of men, women and children around the world through kidney care, primary care, education and prevention and medically supported camps for kids. Since 2011, DaVita teammates have donated $9.1 million to thousands of organizations through DaVita Way of Giving.

- DaVita is committed to sustainability and reducing its carbon footprint. It is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. Newsweek Green Rankings recognized DaVita as a 2015 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Since 2013, DaVita has saved 645 million gallons of water through optimization projects. Through toner and cell phone recycling programs, more than $126,000 has been donated to Bridge of Life. In 2016, Village Green, DaVita's corporate sustainability program, launched a formal electronic waste program and recycled more than 113,000 pounds of e-waste.

- DaVita does not limit its community engagement to the U.S. alone. In 2006, Bridge of Life, the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization,

completed more than 398 international and domestic medical missions and events in 25 countries.. More than 900 DaVita volunteers supported these missions, impacting more than 96,000 men, women and children.

Other Section 1110.230(a) Requirements.

Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the Applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11A. IDPH does not currently license dialysis facilities in Illinois.

Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11B.

An authorization permitting the Illinois Health Facilities and Services Review Board and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11B.

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008	14-2795
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Brighton Park Dialysis	4729 SOUTH CALIFORNIA AVE		CHICAGO	COOK	IL	60632	
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409	
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482	14-2793
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Collinsville Dialysis	101 LANTER COURT	BLDG 2	COLLINSVILLE	MADISON	IL	62234	
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	14-2747
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Forest City Rockford	4103 W STATE ST		ROCKFORD	WINNEBAGO	IL	61101	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Foxpoint Dialysis	1300 SCHAEFER ROAD		GRANITE CITY	MADISON	IL	62040	
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEIY	MCHENRV	IL	60142	
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Irving Park Dialysis	4323 N PULASKI RD		CHICAGO	COOK	IL	60641	
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	2484 N ELSTON AVE		CHICAGO	COOK	IL	60647	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505
Machesney Park Dialysis	7170 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115	14-2806
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049	
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	O'FALLON	ST. CLAIR	IL	62269	
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	COOK	IL	60617	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-262D
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermilion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	
Washington Heights Dialysis	10620 SDUTH HALSTED STREET		CHICAGO	COOK	IL	60628	
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608	14-2783
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310

Attachment – 11A

Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita Inc. or Total Renal Care, Inc. in the State of Illinois during the three year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1430(b)(3)(J) I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

Subscribed and sworn to me
This ___ day of _____, 2017

See Attached

Notary Public

2000 16th Street, Denver, CO 80202 P (303) 876-6000 F (310) 536-2675 DaVita.com

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On July 14, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Ltr to K.Olson (DaVita Inc. / Total Renal Care, Inc.)

Document Date: July 14, 2017 Number of Pages: 1 (one) (Ford City Dialysis)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary

(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. (Ford City Dialysis)

Section III, Background, Purpose of the Project, and Alternatives – Information Requirements
Criterion 1110.230(b) – Background, Purpose of the Project, and Alternatives

Purpose of Project

1. There is currently a need for 87 hemodialysis stations in the City of Chicago. This project is intended to address that need and will improve access to life sustaining dialysis services to the residents residing on the south side of Chicago. The geographic service area ("GSA") of the proposed Ford City Dialysis is an economically disadvantaged area whose residents are predominantly Hispanic and African-American. The GSA is on the south side of Chicago. The community is nearly 50% Hispanic and 11% African-American. These are two minority groups which have a higher incidence and prevalence of kidney disease than the general population. Further, the GSA is an area with many low-income residents. Twenty-two percent (22%) of the population of the GSA is living below the Federal Poverty Level and . 39% of the population in the GSA lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). See Attachments – 12A & 12B. Further, Ashburn Park, where the proposed Ford City Dialysis will be located, is a Health Resources & Services Administration ("HRSA") designated primary care health professional shortage area ("HPSA") and a medically underserved population ("MUA"). See Attachments – 12C & 12D.

   The incidence of ESRD in the Hispanic and African-American populations is higher than in the general population. The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population, and the ESRD incidence rate among African-Americans is 3.7 times greater than Caucasians. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic and African-American individuals. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. African Americans with diabetes are more likely to develop complications of diabetes and to have greater disability from these complications than the general population. Access to health care, the quality of care received, and barriers due to language, and health literacy also play a role in the higher incident rates. [8]

   Given these factors, readily accessible dialysis services are imperative for the health of the residents living on the south side of Chicago. There are 25 existing or approved dialysis facilities within 30 minutes of the proposed Ford City Dialysis (the "Ford City GSA"). Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 82.58%, which exceeds the Illinois Health Facilities and Services Review Board's (HFSRB's) utilization standard of 80%. Further, over the past three years, patient census at the existing facilities has increased dramatically - approximately 6% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trends. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[9] and 1.5 million Medicaid

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8 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem*, Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

9 According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[10] more individuals in high risk groups now have better access to primary care and kidney disease screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years. Michael Arvan, M.D. with J. R. Nephrology & Associates, S.C. is currently treating 135 CKD patients, who reside within either the ZIP code of the proposed Ford City Dialysis (60652) or 6 other nearby ZIP codes, all within 6 miles of the proposed Ford City Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Arvan anticipates that at least 61 of these 135 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Arvan's projected ESRD patients.

Based on June 2017 data from the Renal Network, 2,621 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. The proposed Ford City Dialysis is needed to ensure ESRD patients on the south side of Chicago have adequate access to dialysis services that are essential to their well-being.

2. A map of the market area for the proposed facility is attached at Attachment – 12E. The market area encompasses an approximate 30 minute radius around the proposed facility. The boundaries of the market area are as follows:

   - North approximately 30 minutes normal travel time to Cicero, IL.
   - Northeast approximately 30 minutes normal travel time to Illinois Institute of Technology, Chicago, IL.
   - East approximately 30 minutes normal travel time to E 79th St and S Jeffery Blvd, Chicago, IL.
   - Southeast approximately 30 minutes normal travel time to Dolton, IL.
   - South approximately 30 minutes normal travel time to Robbins, IL.
   - Southwest approximately 25 minutes normal travel time to Palos Heights, IL.
   - West approximately 30 minutes normal travel time to Willow Springs, IL.
   - Northwest approximately 30 minutes normal travel time to McCook, IL.

   The purpose of this project is to improve access to life sustaining dialysis to residents of the south side of Chicago, Illinois and the surrounding area.

3. The minimum size of a GSA is 30 minutes and all of the projected patients reside within 30 minutes of the proposed facility, located on the south side of Chicago, Illinois. Dr. Arvan expects at least 61 of the current 135 selected CKD patients, all of whom reside within 6 miles of the proposed site, will require dialysis within 12 to 24 months of project completion.

4. Source Information

   CENTERS FOR DISEASE CONTROL & PREVENTION, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, National Chronic Kidney Disease Fact Sheet, 2017 (2017) *available at* https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf (last visited Jul. 20, 2017).

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[10] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

US Renal Data System, USRDS 2016 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 39 (2016) *available at* https://www.usrds.org/2016/view/Default. Aspx (last visited Jul. 20, 2017).

THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

5. The proposed facility will improve access to dialysis services to the residents of the south side of Chicago, Illinois and the surrounding area. Given the high concentration of ESRD and CKD in the GSA, this facility is necessary to ensure sufficient access to dialysis services in this community.

6. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.

U.S. Census Bureau

AMERICAN FactFinder

S1701 | POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Tell us what you think. Provide feedback to help make American Community Survey data more useful for you.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	ZCTA5 60652				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	41,941	+/-1,324	5,296	+/-983	12.6%
AGE					
Under 18 years	10,804	+/-804	2,004	+/-569	18.5%
Under 5 years	2,611	+/-402	381	+/-162	14.6%
5 to 17 years	8,193	+/-708	1,623	+/-467	19.8%
Related children of householder under 18 years	10,804	+/-804	2,004	+/-569	18.5%
18 to 64 years	26,954	+/-854	2,926	+/-508	10.9%
18 to 34 years	9,734	+/-656	1,199	+/-274	12.3%
35 to 64 years	17,220	+/-641	1,727	+/-352	10.0%
60 years and over	6,098	+/-460	602	+/-182	9.9%
65 years and over	4,183	+/-337	366	+/-122	8.7%
SEX					
Male	20,457	+/-802	2,162	+/-433	10.6%
Female	21,484	+/-884	3,134	+/-666	14.6%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	11,970	+/-999	1,349	+/-455	11.3%
Black or African American alone	19,863	+/-1,047	1,964	+/-525	9.9%
American Indian and Alaska Native alone	112	+/-103	53	+/-86	47.3%
Asian alone	286	+/-149	62	+/-79	21.7%
Native Hawaiian and Other Pacific Islander alone	0	+/-23	0	+/-23	-
Some other race alone	8,540	+/-950	1,701	+/-655	19.9%
Two or more races	1,170	+/-428	167	+/-147	14.3%
Hispanic or Latino origin (of any race)	15,685	+/-1,026	2,816	+/-773	18.0%
White alone, not Hispanic or Latino	5,597	+/-549	408	+/-184	7.3%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	26,224	+/-706	2,607	+/-397	9.9%
Less than high school graduate	4,429	+/-508	761	+/-232	17.2%

Subject	ZCTA5 60652				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	7,642	+/-578	860	+/-217	11.3%
Some college, associate's degree	8,810	+/-683	846	+/-205	9.6%
Bachelor's degree or higher	5,343	+/-546	140	+/-76	2.6%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	22,054	+/-909	1,799	+/-336	8.2%
Employed	19,053	+/-785	1,287	+/-273	6.8%
Male	9,727	+/-536	637	+/-164	6.5%
Female	9,326	+/-492	650	+/-196	7.0%
Unemployed	3,001	+/-436	512	+/-134	17.1%
Male	1,668	+/-288	179	+/-80	10.7%
Female	1,333	+/-263	333	+/-111	25.0%
WORK EXPERIENCE					
Population 16 years and over	32,384	+/-893	3,489	+/-579	10.8%
Worked full-time, year-round in the past 12 months	13,266	+/-744	329	+/-116	2.5%
Worked part-time or part-year in the past 12 months	7,812	+/-619	1,230	+/-293	15.7%
Did not work	11,306	+/-624	1,930	+/-400	17.1%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	2,190	+/-669	(X)	(X)	(X)
125 percent of poverty level	7,117	+/-1,120	(X)	(X)	(X)
150 percent of poverty level	9,156	+/-1,150	(X)	(X)	(X)
185 percent of poverty level	11,536	+/-1,178	(X)	(X)	(X)
200 percent of poverty level	12,760	+/-1,258	(X)	(X)	(X)
300 percent of poverty level	22,177	+/-1,533	(X)	(X)	(X)
400 percent of poverty level	29,437	+/-1,539	(X)	(X)	(X)
500 percent of poverty level	33,281	+/-1,564	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	4,599	+/-478	969	+/-254	21.1%
Male	1,921	+/-332	320	+/-138	16.7%
Female	2,678	+/-340	649	+/-226	24.2%
15 years	0	+/-23	0	+/-23	-
16 to 17 years	0	+/-23	0	+/-23	-
18 to 24 years	144	+/-82	116	+/-79	80.6%
25 to 34 years	392	+/-140	115	+/-73	29.3%
35 to 44 years	681	+/-216	165	+/-86	24.2%
45 to 54 years	1,246	+/-309	201	+/-100	16.1%
55 to 64 years	968	+/-212	202	+/-125	20.9%
65 to 74 years	517	+/-155	41	+/-34	7.9%
75 years and over	651	+/-138	129	+/-82	19.8%
Mean income deficit for unrelated individuals (dollars)	7,780	+/-1,116	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	2,014	+/-284	38	+/-31	1.9%
Worked less than full-time, year-round in the past 12 months	854	+/-204	300	+/-145	35.1%
Did not work	1,731	+/-292	631	+/-201	36.5%

Subject	ZCTA5 60652
	Percent below poverty level
	Margin of Error
Population for whom poverty status is determined	+/-2.3
AGE	
Under 18 years	+/-4.8
Under 5 years	+/-5.5
5 to 17 years	+/-5.2
Related children of householder under 18 years	+/-4.8
18 to 64 years	+/-1.9
18 to 34 years	+/-2.8
35 to 64 years	+/-2.1
60 years and over	+/-2.8
65 years and over	+/-2.8
SEX	
Male	+/-2.1
Female	+/-2.9
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-3.7
Black or African American alone	+/-2.6
American Indian and Alaska Native alone	+/-51.7
Asian alone	+/-24.6
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-7.1
Two or more races	+/-11.1
Hispanic or Latino origin (of any race)	+/-4.8
White alone, not Hispanic or Latino	+/-3.0
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.5
Less than high school graduate	+/-4.8
High school graduate (includes equivalency)	+/-2.7
Some college, associate's degree	+/-2.2
Bachelor's degree or higher	+/-1.4
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-1.6
Employed	+/-1.5
Male	+/-1.7
Female	+/-2.1
Unemployed	+/-4.5
Male	+/-5.1
Female	+/-7.6
WORK EXPERIENCE	
Population 16 years and over	+/-1.8
Worked full-time, year-round in the past 12 months	+/-0.9
Worked part-time or part-year in the past 12 months	+/-3.4
Did not work	+/-3.4
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Attachment – 12A

Subject	ZCTA5 60652
	Percent below poverty level
	Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-4.9
Male	+/-6.5
Female	+/-7.2
15 years	**
16 to 17 years	**
18 to 24 years	+/-20.6
25 to 34 years	+/-16.2
35 to 44 years	+/-12.6
45 to 54 years	+/-6.7
55 to 64 years	+/-11.4
65 to 74 years	+/-6.5
75 years and over	+/-11.9
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-1.5
Worked less than full-time, year-round in the past 12 months	+/-14.5
Did not work	+/-8.1

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Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

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Attachment – 12A

U.S. Census Bureau

AMERICAN FactFinder

S1701 | POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60456				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	4,315	+/-68	289	+/-157	6.7%
AGE					
Under 18 years	891	+/-147	0	+/-11	0.0%
Under 5 years	387	+/-157	0	+/-11	0.0%
5 to 17 years	504	+/-185	0	+/-11	0.0%
Related children of householder under 18 years	891	+/-147	0	+/-11	0.0%
18 to 64 years	2,746	+/-161	205	+/-133	7.5%
18 to 34 years	952	+/-196	49	+/-72	5.1%
35 to 64 years	1,794	+/-224	156	+/-113	8.7%
60 years and over	902	+/-172	111	+/-80	12.3%
65 years and over	678	+/-151	84	+/-52	12.4%
SEX					
Male	1,706	+/-178	87	+/-82	5.1%
Female	2,609	+/-147	202	+/-110	7.7%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	4,028	+/-321	248	+/-149	6.2%
Black or African American alone	28	+/-45	0	+/-11	0.0%
American Indian and Alaska Native alone	0	+/-11	0	+/-11	-
Asian alone	1	+/-2	1	+/-2	100.0%
Native Hawaiian and Other Pacific Islander alone	0	+/-11	0	+/-11	-
Some other race alone	229	+/-315	40	+/-72	17.5%
Two or more races	29	+/-48	0	+/-11	0.0%
Hispanic or Latino origin (of any race)	1,019	+/-307	53	+/-73	5.2%
White alone, not Hispanic or Latino	3,196	+/-293	235	+/-148	7.4%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	3,232	+/-150	281	+/-155	8.7%
Less than high school graduate	345	+/-116	73	+/-77	21.2%

Subject	ZCTA5 60456				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	1,188	+/-192	137	+/-91	11.5%
Some college, associate's degree	1,201	+/-252	68	+/-74	5.7%
Bachelor's degree or higher	498	+/-127	3	+/-4	0.6%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	2,339	+/-184	30	+/-28	1.3%
Employed	2,177	+/-181	19	+/-21	0.9%
Male	988	+/-149	0	+/-11	0.0%
Female	1,189	+/-184	19	+/-21	1.6%
Unemployed	162	+/-58	11	+/-17	6.8%
Male	99	+/-45	11	+/-17	11.1%
Female	63	+/-33	0	+/-11	0.0%
WORK EXPERIENCE					
Population 16 years and over	3,576	+/-168	289	+/-157	8.1%
Worked full-time, year-round in the past 12 months	1,680	+/-153	0	+/-11	0.0%
Worked part-time or part-year in the past 12 months	628	+/-139	19	+/-21	3.0%
Did not work	1,270	+/-197	270	+/-153	21.3%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	90	+/-75	(X)	(X)	(X)
125 percent of poverty level	388	+/-167	(X)	(X)	(X)
150 percent of poverty level	737	+/-270	(X)	(X)	(X)
185 percent of poverty level	991	+/-311	(X)	(X)	(X)
200 percent of poverty level	1,062	+/-309	(X)	(X)	(X)
300 percent of poverty level	2,025	+/-468	(X)	(X)	(X)
400 percent of poverty level	3,005	+/-359	(X)	(X)	(X)
500 percent of poverty level	3,760	+/-176	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	1,182	+/-171	200	+/-103	16.9%
Male	350	+/-110	25	+/-28	7.1%
Female	832	+/-145	175	+/-102	21.0%
15 years	0	+/-11	0	+/-11	-
16 to 17 years	0	+/-11	0	+/-11	-
18 to 24 years	0	+/-11	0	+/-11	-
25 to 34 years	195	+/-133	41	+/-71	21.0%
35 to 44 years	111	+/-84	0	+/-11	0.0%
45 to 54 years	238	+/-109	22	+/-23	9.2%
55 to 64 years	218	+/-89	72	+/-68	33.0%
65 to 74 years	206	+/-73	21	+/-24	10.2%
75 years and over	214	+/-79	44	+/-35	20.6%
Mean income deficit for unrelated individuals (dollars)	6,438	+/-2,630	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	520	+/-149	0	+/-11	0.0%
Worked less than full-time, year-round in the past 12 months	115	+/-65	11	+/-16	9.6%
Did not work	547	+/-115	189	+/-101	34.6%

Subject	ZCTA5 60456
	Percent below poverty level
	Margin of Error
Population for whom poverty status is determined	+/-3.6
AGE	
Under 18 years	+/-3.0
Under 5 years	+/-6.9
5 to 17 years	+/-5.3
Related children of householder under 18 years	+/-3.0
18 to 64 years	+/-4.8
18 to 34 years	+/-7.6
35 to 64 years	+/-6.1
60 years and over	+/-8.1
65 years and over	+/-7.0
SEX	
Male	+/-4.8
Female	+/-4.3
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-3.7
Black or African American alone	+/-51.6
American Indian and Alaska Native alone	**
Asian alone	+/-100.0
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-11.7
Two or more races	+/-50.7
Hispanic or Latino origin (of any race)	+/-6.2
White alone, not Hispanic or Latino	+/-4.6
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-4.7
Less than high school graduate	+/-19.1
High school graduate (includes equivalency)	+/-7.3
Some college, associate's degree	+/-5.6
Bachelor's degree or higher	+/-0.8
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-1.2
Employed	+/-1.0
Male	+/-2.7
Female	+/-1.9
Unemployed	+/-9.8
Male	+/-16.6
Female	+/-33.7
WORK EXPERIENCE	
Population 16 years and over	+/-4.4
Worked full-time, year-round in the past 12 months	+/-1.6
Worked part-time or part-year in the past 12 months	+/-3.5
Did not work	+/-10.7
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60456
	Percent below poverty level
	Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-8.3
Male	+/-8.3
Female	+/-11.7
15 years	**
16 to 17 years	**
18 to 24 years	**
25 to 34 years	+/-31.0
35 to 44 years	+/-21.7
45 to 54 years	+/-9.4
55 to 64 years	+/-23.9
65 to 74 years	+/-11.2
75 years and over	+/-14.6
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-5.1
Worked less than full-time, year-round in the past 12 months	+/-13.7
Did not work	+/-14.7

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S1701

POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60805				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	19,771	+/-78	1,631	+/-464	8.2%
AGE					
Under 18 years	4,878	+/-252	490	+/-230	10.0%
Under 5 years	1,295	+/-258	163	+/-121	12.6%
5 to 17 years	3,583	+/-277	327	+/-136	9.1%
Related children of householder under 18 years	4,865	+/-256	477	+/-229	9.8%
18 to 64 years	12,418	+/-334	996	+/-311	8.0%
18 to 34 years	4,001	+/-447	346	+/-180	8.6%
35 to 64 years	8,417	+/-430	650	+/-245	7.7%
60 years and over	3,655	+/-331	353	+/-146	9.7%
65 years and over	2,475	+/-274	145	+/-68	5.9%
SEX					
Male	9,316	+/-366	824	+/-281	8.8%
Female	10,455	+/-372	807	+/-257	7.7%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	14,768	+/-510	876	+/-320	5.9%
Black or African American alone	4,051	+/-418	605	+/-315	14.9%
American Indian and Alaska Native alone	0	+/-17	0	+/-17	-
Asian alone	109	+/-140	0	+/-17	0.0%
Native Hawaiian and Other Pacific Islander alone	0	+/-17	0	+/-17	-
Some other race alone	471	+/-224	115	+/-115	24.4%
Two or more races	372	+/-190	35	+/-37	9.4%
Hispanic or Latino origin (of any race)	2,254	+/-293	459	+/-274	20.4%
White alone, not Hispanic or Latino	13,122	+/-492	587	+/-219	4.5%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	13,062	+/-339	891	+/-260	6.8%
Less than high school graduate	896	+/-214	116	+/-61	12.9%

Subject	ZCTA5 60805				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	3,749	+/-376	410	+/-232	10.9%
Some college, associate's degree	3,829	+/-339	213	+/-94	5.6%
Bachelor's degree or higher	4,588	+/-411	152	+/-77	3.3%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	10,671	+/-454	516	+/-240	4.8%
Employed	9,677	+/-431	279	+/-128	2.9%
Male	4,624	+/-292	88	+/-79	1.9%
Female	5,053	+/-338	191	+/-94	3.8%
Unemployed	994	+/-272	237	+/-194	23.8%
Male	694	+/-237	161	+/-183	23.2%
Female	300	+/-129	76	+/-65	25.3%
WORK EXPERIENCE					
Population 16 years and over	15,610	+/-290	1,193	+/-328	7.6%
Worked full-time, year-round in the past 12 months	6,648	+/-464	112	+/-74	1.7%
Worked part-time or part-year in the past 12 months	3,983	+/-385	248	+/-147	6.2%
Did not work	4,979	+/-416	833	+/-276	16.7%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	547	+/-226	(X)	(X)	(X)
125 percent of poverty level	1,936	+/-480	(X)	(X)	(X)
150 percent of poverty level	2,381	+/-576	(X)	(X)	(X)
185 percent of poverty level	3,524	+/-627	(X)	(X)	(X)
200 percent of poverty level	3,816	+/-640	(X)	(X)	(X)
300 percent of poverty level	8,022	+/-804	(X)	(X)	(X)
400 percent of poverty level	11,031	+/-637	(X)	(X)	(X)
500 percent of poverty level	13,424	+/-648	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	2,881	+/-412	570	+/-230	19.8%
Male	1,225	+/-321	320	+/-193	26.1%
Female	1,656	+/-243	250	+/-127	15.1%
15 years	0	+/-17	0	+/-17	-
16 to 17 years	13	+/-19	13	+/-19	100.0%
18 to 24 years	189	+/-143	107	+/-116	56.6%
25 to 34 years	424	+/-166	34	+/-41	8.0%
35 to 44 years	322	+/-161	84	+/-99	26.1%
45 to 54 years	521	+/-157	127	+/-92	24.4%
55 to 64 years	519	+/-158	107	+/-53	20.6%
65 to 74 years	358	+/-132	40	+/-31	11.2%
75 years and over	535	+/-136	58	+/-48	10.8%
Mean income deficit for unrelated individuals (dollars)	7,605	+/-1,266	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	1,172	+/-231	6	+/-9	0.5%
Worked less than full-time, year-round in the past 12 months	427	+/-160	167	+/-125	39.1%
Did not work	1,282	+/-295	397	+/-200	31.0%

Subject	ZCTA5 60805
	Percent below poverty level
	Margin of Error
Population for whom poverty status is determined	+/-2.3
AGE	
Under 18 years	+/-4.6
Under 5 years	+/-8.9
5 to 17 years	+/-3.8
Related children of householder under 18 years	+/-4.6
18 to 64 years	+/-2.5
18 to 34 years	+/-4.3
35 to 64 years	+/-2.8
60 years and over	+/-3.7
65 years and over	+/-2.6
SEX	
Male	+/-2.9
Female	+/-2.5
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-2.1
Black or African American alone	+/-7.3
American Indian and Alaska Native alone	**
Asian alone	+/-22.1
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-23.6
Two or more races	+/-10.1
Hispanic or Latino origin (of any race)	+/-11.5
White alone, not Hispanic or Latino	+/-1.7
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-2.0
Less than high school graduate	+/-7.0
High school graduate (includes equivalency)	+/-6.0
Some college, associate's degree	+/-2.5
Bachelor's degree or higher	+/-1.6
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-2.2
Employed	+/-1.3
Male	+/-1.7
Female	+/-1.9
Unemployed	+/-15.8
Male	+/-21.4
Female	+/-18.5
WORK EXPERIENCE	
Population 16 years and over	+/-2.1
Worked full-time, year-round in the past 12 months	+/-1.1
Worked part-time or part-year in the past 12 months	+/-3.5
Did not work	+/-5.0
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60805
	Percent below poverty level
	Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-6.2
Male	+/-10.7
Female	+/-7.1
15 years	**
16 to 17 years	+/-75.7
18 to 24 years	+/-33.1
25 to 34 years	+/-9.8
35 to 44 years	+/-23.8
45 to 54 years	+/-14.1
55 to 64 years	+/-9.2
65 to 74 years	+/-7.9
75 years and over	+/-8.6
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-0.8
Worked less than full-time, year-round in the past 12 months	+/-21.2
Did not work	+/-10.7

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S1701 | POVERTY STATUS IN THE PAST 12 MONTHS

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Subject	ZCTA5 60459				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	28,894	+/-103	3,802	+/-750	13.2%
AGE					
Under 18 years	7,008	+/-419	1,438	+/-419	20.5%
Under 5 years	1,762	+/-341	236	+/-113	13.4%
5 to 17 years	5,246	+/-521	1,202	+/-404	22.9%
Related children of householder under 18 years	6,968	+/-418	1,398	+/-423	20.1%
18 to 64 years	18,036	+/-427	2,028	+/-385	11.2%
18 to 34 years	6,918	+/-437	697	+/-207	10.1%
35 to 64 years	11,118	+/-440	1,331	+/-284	12.0%
60 years and over	5,368	+/-396	522	+/-164	9.7%
65 years and over	3,850	+/-316	336	+/-118	8.7%
SEX					
Male	14,103	+/-366	1,606	+/-336	11.4%
Female	14,791	+/-341	2,196	+/-475	14.8%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	24,302	+/-848	3,059	+/-693	12.6%
Black or African American alone	424	+/-242	189	+/-192	44.6%
American Indian and Alaska Native alone	135	+/-128	0	+/-20	0.0%
Asian alone	738	+/-319	262	+/-227	35.5%
Native Hawaiian and Other Pacific Islander alone	0	+/-20	0	+/-20	-
Some other race alone	2,801	+/-694	188	+/-170	6.7%
Two or more races	494	+/-217	104	+/-110	21.1%
Hispanic or Latino origin (of any race)	8,423	+/-650	735	+/-321	8.7%
White alone, not Hispanic or Latino	19,008	+/-766	2,514	+/-621	13.2%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	18,668	+/-449	2,084	+/-391	11.2%
Less than high school graduate	3,978	+/-411	685	+/-221	17.2%

Subject	ZCTA5 60459				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	7,587	+/-439	764	+/-196	10.1%
Some college, associate's degree	4,958	+/-406	452	+/-169	9.1%
Bachelor's degree or higher	2,145	+/-288	183	+/-79	8.5%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	14,229	+/-561	965	+/-239	6.8%
Employed	12,700	+/-572	751	+/-216	5.9%
Male	7,048	+/-378	402	+/-133	5.7%
Female	5,652	+/-388	349	+/-128	6.2%
Unemployed	1,529	+/-224	214	+/-84	14.0%
Male	878	+/-163	115	+/-71	13.1%
Female	651	+/-150	99	+/-56	15.2%
WORK EXPERIENCE					
Population 18 years and over	22,732	+/-438	2,510	+/-441	11.0%
Worked full-time, year-round in the past 12 months	8,711	+/-541	297	+/-118	3.4%
Worked part-time or part-year in the past 12 months	5,501	+/-443	652	+/-194	11.9%
Did not work	8,520	+/-460	1,561	+/-343	18.3%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	1,481	+/-491	(X)	(X)	(X)
125 percent of poverty level	5,517	+/-975	(X)	(X)	(X)
150 percent of poverty level	7,417	+/-976	(X)	(X)	(X)
185 percent of poverty level	9,441	+/-1,023	(X)	(X)	(X)
200 percent of poverty level	10,379	+/-1,087	(X)	(X)	(X)
300 percent of poverty level	16,718	+/-1,043	(X)	(X)	(X)
400 percent of poverty level	21,792	+/-743	(X)	(X)	(X)
500 percent of poverty level	24,631	+/-571	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	3,219	+/-373	555	+/-169	17.2%
Male	1,349	+/-248	207	+/-100	15.3%
Female	1,870	+/-256	348	+/-141	18.6%
15 years	26	+/-42	26	+/-42	100.0%
16 to 17 years	14	+/-24	14	+/-24	100.0%
18 to 24 years	196	+/-143	43	+/-61	21.9%
25 to 34 years	526	+/-155	34	+/-30	6.5%
35 to 44 years	303	+/-115	99	+/-68	32.7%
45 to 54 years	443	+/-125	128	+/-76	28.9%
55 to 64 years	529	+/-130	121	+/-67	22.9%
65 to 74 years	540	+/-120	73	+/-58	13.5%
75 years and over	642	+/-137	17	+/-18	2.6%
Mean income deficit for unrelated individuals (dollars)	7,595	+/-959	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	1,249	+/-250	47	+/-44	3.8%
Worked less then full-time, year-round in the past 12 months	465	+/-157	155	+/-90	33.3%
Did not work	1,505	+/-218	353	+/-108	23.5%

Subject	ZCTA5 60459
	Percent below poverty level
	Margin of Error
Population for whom poverty status is determined	+/-2.6
AGE	
Under 18 years	+/-5.7
Under 5 years	+/-6.4
5 to 17 years	+/-6.6
Related children of householder under 18 years	+/-5.8
18 to 64 years	+/-2.1
18 to 34 years	+/-3.1
35 to 64 years	+/-2.5
60 years and over	+/-3.0
65 years and over	+/-3.0
SEX	
Male	+/-2.4
Female	+/-3.1
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-2.8
Black or African American alone	+/-28.2
American Indian and Alaska Native alone	+/-18.3
Asian alone	+/-22.2
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-5.7
Two or more races	+/-19.1
Hispanic or Latino origin (of any race)	+/-3.8
White alone, not Hispanic or Latino	+/-3.2
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-2.1
Less than high school graduate	+/-5.0
High school graduate (includes equivalency)	+/-2.6
Some college, associate's degree	+/-3.3
Bachelor's degree or higher	+/-3.7
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-1.6
Employed	+/-1.6
Male	+/-1.8
Female	+/-2.1
Unemployed	+/-5.5
Male	+/-7.8
Female	+/-8.6
WORK EXPERIENCE	
Population 16 years and over	+/-1.9
Worked full-time, year-round in the past 12 months	+/-1.4
Worked part-time or part-year in the past 12 months	+/-3.3
Did not work	+/-3.8
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60459
	Percent below poverty level
	Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-4.6
Male	+/-6.8
Female	+/-6.5
15 years	+/-53.5
16 to 17 years	+/-72.9
18 to 24 years	+/-31.2
25 to 34 years	+/-5.8
35 to 44 years	+/-18.9
45 to 54 years	+/-13.7
55 to 64 years	+/-12.0
65 to 74 years	+/-9.7
75 years and over	+/-2.8
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-3.6
Worked less than full-time, year-round in the past 12 months	+/-15.0
Did not work	+/-6.0

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Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

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U.S. Census Bureau

AMERICAN FactFinder

S1701 | POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60655				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	27,810	+/-719	1,101	+/-345	4.0%
AGE					
Under 18 years	7,231	+/-496	125	+/-73	1.7%
Under 5 years	2,124	+/-324	14	+/-23	0.7%
5 to 17 years	5,107	+/-463	111	+/-70	2.2%
Related children of householder under 18 years	7,197	+/-497	91	+/-59	1.3%
18 to 64 years	17,227	+/-479	698	+/-217	4.1%
18 to 34 years	5,383	+/-416	272	+/-121	5.1%
35 to 64 years	11,844	+/-457	426	+/-155	3.6%
60 years and over	4,848	+/-335	355	+/-207	7.3%
65 years and over	3,352	+/-272	278	+/-199	8.3%
SEX					
Male	13,648	+/-528	422	+/-152	3.1%
Female	14,162	+/-565	679	+/-250	4.8%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	24,929	+/-744	949	+/-337	3.8%
Black or African American alone	1,877	+/-356	67	+/-53	3.6%
American Indian and Alaska Native alone	48	+/-47	10	+/-15	20.8%
Asian alone	307	+/-242	0	+/-20	0.0%
Native Hawaiian and Other Pacific Islander alone	0	+/-20	0	+/-20	-
Some other race alone	292	+/-178	56	+/-70	19.2%
Two or more races	357	+/-156	19	+/-28	5.3%
Hispanic or Latino origin (of any race)	1,569	+/-354	87	+/-74	5.5%
White alone, not Hispanic or Latino	23,733	+/-792	937	+/-338	3.9%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	18,605	+/-548	868	+/-303	4.7%
Less than high school graduate	792	+/-198	61	+/-59	7.7%

Subject	ZCTA5 60655				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	4,122	+/-358	300	+/-118	7.3%
Some college, associate's degree	6,221	+/-449	273	+/-126	4.4%
Bachelor's degree or higher	7,470	+/-543	234	+/-185	3.1%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	14,518	+/-527	354	+/-138	2.4%
Employed	13,557	+/-513	235	+/-102	1.7%
Male	7,300	+/-428	104	+/-63	1.4%
Female	6,257	+/-324	131	+/-83	2.1%
Unemployed	961	+/-202	119	+/-89	12.4%
Male	580	+/-164	56	+/-60	9.7%
Female	381	+/-105	63	+/-66	16.5%
WORK EXPERIENCE					
Population 16 years and over	21,571	+/-535	1,022	+/-326	4.7%
Worked full-time, year-round in the past 12 months	9,944	+/-407	25	+/-23	0.3%
Worked part-time or part-year in the past 12 months	4,746	+/-401	273	+/-113	5.8%
Did not work	6,881	+/-544	724	+/-282	10.5%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	579	+/-267	(X)	(X)	(X)
125 percent of poverty level	1,552	+/-500	(X)	(X)	(X)
150 percent of poverty level	2,052	+/-554	(X)	(X)	(X)
185 percent of poverty level	2,828	+/-613	(X)	(X)	(X)
200 percent of poverty level	3,332	+/-672	(X)	(X)	(X)
300 percent of poverty level	6,042	+/-925	(X)	(X)	(X)
400 percent of poverty level	10,939	+/-1,088	(X)	(X)	(X)
500 percent of poverty level	14,984	+/-1,263	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	3,563	+/-369	538	+/-223	15.1%
Male	1,764	+/-258	186	+/-80	10.5%
Female	1,799	+/-276	352	+/-193	19.6%
15 years	0	+/-20	0	+/-20	-
16 to 17 years	34	+/-44	34	+/-44	100.0%
18 to 24 years	96	+/-74	45	+/-51	46.9%
25 to 34 years	697	+/-166	106	+/-81	15.2%
35 to 44 years	582	+/-160	56	+/-34	9.6%
45 to 54 years	466	+/-149	77	+/-68	16.5%
55 to 64 years	586	+/-131	86	+/-50	14.7%
65 to 74 years	523	+/-127	55	+/-43	10.5%
75 years and over	579	+/-204	79	+/-148	13.6%
Mean income deficit for unrelated individuals (dollars)	6,526	+/-1,624	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	1,592	+/-229	16	+/-19	1.0%
Worked less than full-time, year-round in the past 12 months	713	+/-154	164	+/-73	23.0%
Did not work	1,258	+/-240	358	+/-202	28.5%

Subject	ZCTA5 60655
	Percent below poverty level
	Margin of Error
Population for whom poverty status is determined	+/-1.2
AGE	
Under 18 years	+/-1.0
Under 5 years	+/-1.1
5 to 17 years	+/-1.4
Related children of householder under 18 years	+/-0.8
18 to 64 years	+/-1.2
18 to 34 years	+/-2.2
35 to 64 years	+/-1.3
60 years and over	+/-4.0
65 years and over	+/-5.5
SEX	
Male	+/-1.1
Female	+/-1.7
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-1.3
Black or African American alone	+/-3.0
American Indian and Alaska Native alone	+/-36.4
Asian alone	+/-8.6
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-21.3
Two or more races	+/-7.7
Hispanic or Latino origin (of any race)	+/-4.5
White alone, not Hispanic or Latino	+/-1.4
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.6
Less than high school graduate	+/-7.1
High school graduate (includes equivalency)	+/-2.8
Some college, associate's degree	+/-2.0
Bachelor's degree or higher	+/-2.4
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-0.9
Employed	+/-0.7
Male	+/-0.8
Female	+/-1.3
Unemployed	+/-8.6
Male	+/-9.6
Female	+/-15.9
WORK EXPERIENCE	
Population 16 years and over	+/-1.5
Worked full-time, year-round in the past 12 months	+/-0.2
Worked part-time or part-year in the past 12 months	+/-2.3
Did not work	+/-3.9
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60655 Percent below poverty level Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-5.5
Male	+/-4.2
Female	+/-8.7
15 years	**
16 to 17 years	+/-46.8
18 to 24 years	+/-40.4
25 to 34 years	+/-10.7
35 to 44 years	+/-5.5
45 to 54 years	+/-12.9
55 to 64 years	+/-7.7
65 to 74 years	+/-8.1
75 years and over	+/-20.4
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-1.2
Worked less than full-time, year-round in the past 12 months	+/-8.8
Did not work	+/-12.3

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S1701 | POVERTY STATUS IN THE PAST 12 MONTHS

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Subject	ZCTA5 60638				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	57,859	+/-1,401	4,762	+/-864	8.2%
AGE					
Under 18 years	13,359	+/-776	1,555	+/-501	11.6%
Under 5 years	3,678	+/-485	357	+/-182	9.7%
5 to 17 years	9,681	+/-686	1,198	+/-423	12.4%
Related children of householder under 18 years	13,327	+/-769	1,523	+/-500	11.4%
18 to 64 years	36,306	+/-1,012	2,745	+/-461	7.6%
18 to 34 years	13,077	+/-755	1,234	+/-349	9.4%
35 to 64 years	23,229	+/-706	1,511	+/-275	6.5%
60 years and over	11,372	+/-513	728	+/-208	6.4%
65 years and over	8,194	+/-419	462	+/-145	5.6%
SEX					
Male	27,994	+/-936	1,908	+/-433	6.8%
Female	29,865	+/-935	2,854	+/-549	9.6%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	42,814	+/-1,612	2,612	+/-466	6.1%
Black or African American alone	1,638	+/-367	450	+/-276	27.5%
American Indian and Alaska Native alone	25	+/-21	7	+/-11	28.0%
Asian alone	628	+/-282	29	+/-39	4.6%
Native Hawaiian and Other Pacific Islander alone	0	+/-26	0	+/-26	-
Some other race alone	10,382	+/-1,188	1,350	+/-593	13.0%
Two or more races	2,372	+/-768	314	+/-258	13.2%
Hispanic or Latino origin (of any race)	26,239	+/-1,427	2,566	+/-750	9.8%
White alone, not Hispanic or Latino	28,923	+/-1,038	1,710	+/-349	5.9%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	39,475	+/-961	2,802	+/-386	7.1%
Less than high school graduate	6,853	+/-591	765	+/-210	11.2%

Subject	ZCTA5 60638				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	13,722	+/-759	1,141	+/-226	8.3%
Some college, associate's degree	11,077	+/-754	717	+/-147	6.5%
Bachelor's degree or higher	7,823	+/-624	179	+/-73	2.3%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	30,567	+/-907	1,647	+/-364	5.4%
Employed	27,286	+/-876	824	+/-214	3.0%
Male	14,637	+/-650	383	+/-130	2.6%
Female	12,649	+/-628	441	+/-148	3.5%
Unemployed	3,281	+/-447	823	+/-285	25.1%
Male	1,725	+/-366	400	+/-235	23.2%
Female	1,556	+/-271	423	+/-133	27.2%
WORK EXPERIENCE					
Population 16 years and over	46,108	+/-1,125	3,366	+/-515	7.3%
Worked full-time, year-round in the past 12 months	19,627	+/-839	188	+/-100	1.0%
Worked part-time or part-year in the past 12 months	10,396	+/-697	1,178	+/-274	11.3%
Did not work	16,085	+/-850	2,000	+/-334	12.4%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	2,057	+/-529	(X)	(X)	(X)
125 percent of poverty level	7,570	+/-1,009	(X)	(X)	(X)
150 percent of poverty level	9,021	+/-1,028	(X)	(X)	(X)
185 percent of poverty level	12,447	+/-1,174	(X)	(X)	(X)
200 percent of poverty level	13,820	+/-1,164	(X)	(X)	(X)
300 percent of poverty level	25,541	+/-1,730	(X)	(X)	(X)
400 percent of poverty level	35,864	+/-1,805	(X)	(X)	(X)
500 percent of poverty level	43,827	+/-1,829	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	7,779	+/-641	1,499	+/-238	19.3%
Male	3,535	+/-386	500	+/-129	14.1%
Female	4,244	+/-432	999	+/-193	23.5%
15 years	0	+/-26	0	+/-26	-
16 to 17 years	32	+/-39	32	+/-39	100.0%
18 to 24 years	310	+/-154	143	+/-85	46.1%
25 to 34 years	1,285	+/-277	373	+/-138	29.0%
35 to 44 years	1,136	+/-224	233	+/-97	20.5%
45 to 54 years	1,122	+/-224	195	+/-93	17.4%
55 to 64 years	1,515	+/-259	238	+/-84	15.7%
65 to 74 years	1,085	+/-227	147	+/-65	13.5%
75 years and over	1,294	+/-182	138	+/-62	10.7%
Mean income deficit for unrelated individuals (dollars)	7,567	+/-678	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	2,986	+/-401	19	+/-30	0.6%
Worked less than full-time, year-round in the past 12 months	1,594	+/-278	475	+/-143	29.8%
Did not work	3,199	+/-337	1,005	+/-193	31.4%

Subject	ZCTA5 60638
	Percent below poverty level
	Margin of Error
Population for whom poverty status is determined	+/-1.5
AGE	
Under 18 years	+/-3.5
Under 5 years	+/-4.9
5 to 17 years	+/-4.0
Related children of householder under 18 years	+/-3.5
18 to 64 years	+/-1.3
18 to 34 years	+/-2.6
35 to 64 years	+/-1.2
60 years and ovar	+/-1.8
65 years and over	+/-1.8
SEX	
Male	+/-1.6
Female	+/-1.8
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-1.1
Black or African American alone	+/-13.0
American Indian and Alaska Native alone	+/-39.6
Asian alone	+/-5.8
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-5.3
Two or more races	+/-10.0
Hispanic or Latino origin (of any race)	+/-2.8
White alone, not Hispanic or Latino	+/-1.2
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.0
Less than high school graduate	+/-3.0
High school graduate (includes equivalency)	+/-1.6
Some college, associate's degree	+/-1.3
Bachelor's degree or higher	+/-0.9
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-1.2
Employed	+/-0.8
Male	+/-0.9
Female	+/-1.2
Unemployed	+/-7.3
Male	+/-11.8
Female	+/-7.3
WORK EXPERIENCE	
Population 16 years and over	+/-1.1
Worked full-time, year-round in the past 12 months	+/-0.5
Worked part-time or part-year in the past 12 months	+/-2.7
Did not work	+/-2.0
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of povarty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60638
	Percent below poverty level
	Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-2.7
Male	+/-3.3
Female	+/-4.1
15 years	**
16 to 17 years	+/-48.2
18 to 24 years	+/-19.1
25 to 34 years	+/-9.5
35 to 44 years	+/-7.5
45 to 54 years	+/-6.6
55 to 64 years	+/-5.2
65 to 74 years	+/-6.2
75 years and over	+/-4.7
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-1.0
Worked less than full-time, year-round in the past 12 months	+/-7.5
Did not work	+/-5.0

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Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

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U.S. Census Bureau

AMERICAN FactFinder

S1701 | POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60632				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	90,495	+/-2,163	22,033	+/-1,947	24.3%
AGE					
Under 18 years	27,748	+/-1,253	9,435	+/-1,057	34.0%
Under 5 years	6,815	+/-556	2,277	+/-409	33.4%
5 to 17 years	20,933	+/-1,188	7,158	+/-914	34.2%
Related children of householder under 18 years	27,625	+/-1,252	9,333	+/-1,055	33.8%
18 to 64 years	55,847	+/-1,381	11,522	+/-956	20.6%
18 to 34 years	23,213	+/-1,018	4,829	+/-470	20.8%
35 to 64 years	32,634	+/-968	6,693	+/-706	20.5%
60 years and over	10,294	+/-700	1,851	+/-352	18.0%
65 years and over	6,900	+/-512	1,076	+/-218	15.6%
SEX					
Male	45,967	+/-1,449	10,167	+/-1,057	22.1%
Female	44,528	+/-1,245	11,866	+/-1,119	26.6%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	49,850	+/-2,253	11,656	+/-1,393	23.4%
Black or African American alone	1,639	+/-470	729	+/-318	44.5%
American Indian and Alaska Native alone	711	+/-335	119	+/-108	16.7%
Asian alone	4,079	+/-563	869	+/-307	21.3%
Native Hawaiian and Other Pacific Islander alone	6	+/-9	0	+/-26	0.0%
Some other race alone	32,899	+/-2,068	8,330	+/-1,492	25.3%
Two or more races	1,311	+/-298	330	+/-168	25.2%
Hispanic or Latino origin (of any race)	76,578	+/-2,279	19,168	+/-1,929	25.0%
White alone, not Hispanic or Latino	8,466	+/-652	1,237	+/-300	14.6%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	52,703	+/-1,198	10,540	+/-897	20.0%
Less than high school graduate	21,425	+/-1,013	5,302	+/-653	24.7%

Subject	ZCTA5 60632				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	17,212	+/-829	3,534	+/-440	20.5%
Some college, associate's degree	9,417	+/-611	1,084	+/-204	11.5%
Bachelor's degree or higher	4,649	+/-475	620	+/-201	13.3%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	43,198	+/-1,319	6,678	+/-648	15.5%
Employed	37,368	+/-1,283	4,934	+/-499	13.2%
Male	22,562	+/-1,040	2,982	+/-358	13.2%
Female	14,806	+/-680	1,952	+/-314	13.2%
Unemployed	5,830	+/-489	1,744	+/-320	29.9%
Male	3,134	+/-397	699	+/-210	22.3%
Female	2,696	+/-363	1,045	+/-227	38.8%
WORK EXPERIENCE					
Population 16 years and over	66,156	+/-1,553	13,440	+/-1,112	20.3%
Worked full-time, year-round in the past 12 months	25,193	+/-1,059	1,880	+/-271	7.5%
Worked part-time or part-year in the past 12 months	16,468	+/-942	3,979	+/-479	24.2%
Did not work	24,495	+/-913	7,581	+/-777	30.9%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	7,720	+/-1,107	(X)	(X)	(X)
125 percent of poverty level	31,421	+/-1,950	(X)	(X)	(X)
150 percent of poverty level	39,820	+/-2,280	(X)	(X)	(X)
185 percent of poverty level	49,628	+/-2,455	(X)	(X)	(X)
200 percent of poverty level	53,889	+/-2,463	(X)	(X)	(X)
300 percent of poverty level	72,798	+/-2,027	(X)	(X)	(X)
400 percent of poverty level	82,023	+/-2,157	(X)	(X)	(X)
500 percent of poverty level	85,593	+/-2,190	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	9,389	+/-729	3,249	+/-416	34.6%
Male	5,158	+/-593	1,343	+/-295	26.0%
Female	4,231	+/-379	1,906	+/-268	45.0%
15 years	48	+/-42	43	+/-42	89.6%
16 to 17 years	50	+/-69	50	+/-69	100.0%
18 to 24 years	763	+/-198	373	+/-127	48.9%
25 to 34 years	2,122	+/-371	699	+/-215	32.9%
35 to 44 years	2,054	+/-461	821	+/-216	40.0%
45 to 54 years	1,422	+/-267	419	+/-140	29.5%
55 to 64 years	1,195	+/-274	474	+/-174	39.7%
65 to 74 years	847	+/-156	178	+/-70	21.0%
75 years and over	888	+/-176	192	+/-96	21.6%
Mean income deficit for unrelated individuals (dollars)	7,818	+/-511	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	3,785	+/-514	135	+/-87	3.6%
Worked less than full-time, year-round in the past 12 months	1,998	+/-339	1,078	+/-236	54.0%
Did not work	3,606	+/-431	2,036	+/-350	56.5%

Subject	ZCTA5 60632
	Percent below poverty level
	Margin of Error
Population for whom poverty status is determined	+/-2.0
AGE	
Under 18 years	+/-3.2
Under 5 years	+/-4.8
5 to 17 years	+/-3.7
Related children of householder under 18 years	+/-3.2
18 to 64 years	+/-1.7
18 to 34 years	+/-1.8
35 to 64 years	+/-2.1
60 years and over	+/-3.1
65 years and over	+/-2.9
SEX	
Male	+/-2.2
Female	+/-2.3
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-2.6
Black or African American alone	+/-13.7
American Indian and Alaska Native alone	+/-15.3
Asian alone	+/-6.9
Native Hawaiian and Other Pacific Islander alone	+/-100.0
Some other race alone	+/-4.0
Two or more races	+/-11.3
Hispanic or Latino origin (of any race)	+/-2.3
White alone, not Hispanic or Latino	+/-3.4
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.7
Less than high school graduate	+/-2.8
High school graduate (includes equivalency)	+/-2.3
Some college, associate's degree	+/-2.2
Bachelor's degree or higher	+/-3.8
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-1.5
Employed	+/-1.3
Male	+/-1.5
Female	+/-2.0
Unemployed	+/-5.0
Male	+/-6.1
Female	+/-6.7
WORK EXPERIENCE	
Population 16 years and over	+/-1.7
Worked full-time, year-round in the past 12 months	+/-1.1
Worked part-time or part-year in the past 12 months	+/-2.5
Did not work	+/-2.8
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60632
	Percent below poverty level
	Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-3.3
Male	+/-4.6
Female	+/-4.8
15 years	+/-19.8
16 to 17 years	+/-38.6
18 to 24 years	+/-11.4
25 to 34 years	+/-8.4
35 to 44 years	+/-8.0
45 to 54 years	+/-8.5
55 to 64 years	+/-9.1
65 to 74 years	+/-7.5
75 years and over	+/-8.7
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-2.3
Worked less than full-time, year-round in the past 12 months	+/-8.1
Did not work	+/-5.5

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U.S. Census Bureau

AMERICAN FactFinder

DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

Ashburn Park

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60652			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	42,176	+/-1,334	42,176	(X)
Male	20,563	+/-816	48.8%	+/-1.2
Female	21,613	+/-883	51.2%	+/-1.2
Under 5 years	2,635	+/-403	6.2%	+/-0.9
5 to 9 years	3,220	+/-391	7.6%	+/-0.8
10 to 14 years	3,046	+/-420	7.2%	+/-0.9
15 to 19 years	3,391	+/-466	8.0%	+/-1.1
20 to 24 years	3,455	+/-503	8.2%	+/-1.1
25 to 34 years	4,821	+/-528	11.4%	+/-1.2
35 to 44 years	5,487	+/-560	13.0%	+/-1.2
45 to 54 years	6,934	+/-578	16.4%	+/-1.3
55 to 59 years	2,918	+/-370	6.9%	+/-0.9
60 to 64 years	1,915	+/-344	4.5%	+/-0.8
65 to 74 years	2,599	+/-269	6.2%	+/-0.7
75 to 84 years	1,045	+/-179	2.5%	+/-0.4
85 years and over	710	+/-163	1.7%	+/-0.4
Median age (years)	36.2	+/-1.2	(X)	(X)
18 years and over	31,342	+/-855	74.3%	+/-1.4
21 years and over	29,408	+/-893	69.7%	+/-1.4
62 years and over	5,291	+/-355	12.5%	+/-0.9
65 years and over	4,354	+/-324	10.3%	+/-0.8
18 years and over	31,342	+/-855	31,342	(X)
Male	15,161	+/-568	48.4%	+/-1.1
Female	16,181	+/-521	51.6%	+/-1.1
65 years and over	4,354	+/-324	4,354	(X)
Male	2,007	+/-217	46.1%	+/-3.8

Subject	ZCTA5 60652			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	2,347	+/-243	53.9%	+/-3.8
RACE				
Total population	42,176	+/-1,334	42,176	(X)
One race	41,006	+/-1,266	97.2%	+/-1.0
Two or more races	1,170	+/-428	2.8%	+/-1.0
One race	41,006	+/-1,266	97.2%	+/-1.0
White	11,992	+/-1,004	28.4%	+/-2.4
Black or African American	20,076	+/-1,044	47.6%	+/-1.9
American Indian and Alaska Native	112	+/-103	0.3%	+/-0.2
Cherokee tribal grouping	13	+/-21	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-23	0.0%	+/-0.1
Navajo tribal grouping	0	+/-23	0.0%	+/-0.1
Sioux tribal grouping	0	+/-23	0.0%	+/-0.1
Asian	286	+/-149	0.7%	+/-0.4
Asian Indian	74	+/-87	0.2%	+/-0.2
Chinese	34	+/-56	0.1%	+/-0.1
Filipino	130	+/-112	0.3%	+/-0.3
Japanese	3	+/-8	0.0%	+/-0.1
Korean	0	+/-23	0.0%	+/-0.1
Vietnamese	0	+/-23	0.0%	+/-0.1
Other Asian	45	+/-76	0.1%	+/-0.2
Native Hawaiian and Other Pacific Islander	0	+/-23	0.0%	+/-0.1
Native Hawaiian	0	+/-23	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-23	0.0%	+/-0.1
Samoan	0	+/-23	0.0%	+/-0.1
Other Pacific Islander	0	+/-23	0.0%	+/-0.1
Some other race	8,540	+/-950	20.2%	+/-2.1
Two or more races	1,170	+/-428	2.8%	+/-1.0
White and Black or African American	165	+/-113	0.4%	+/-0.3
White and American Indian and Alaska Native	48	+/-67	0.1%	+/-0.2
White and Asian	16	+/-25	0.0%	+/-0.1
Black or African American and American Indian and Alaska Native	0	+/-23	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	42,176	+/-1,334	42,176	(X)
White	12,776	+/-1,058	30.3%	+/-2.4
Black or African American	20,926	+/-1,141	49.6%	+/-2.1
American Indian and Alaska Native	436	+/-297	1.0%	+/-0.7
Asian	356	+/-171	0.8%	+/-0.4
Native Hawaiian and Other Pacific Islander	0	+/-23	0.0%	+/-0.1
Some other race	9,216	+/-975	21.9%	+/-2.1
HISPANIC OR LATINO AND RACE				
Total population	42,176	+/-1,334	42,176	(X)
Hispanic or Latino (of any race)	15,685	+/-1,026	37.2%	+/-2.0
Mexican	14,414	+/-1,001	34.2%	+/-1.9
Puerto Rican	767	+/-322	1.8%	+/-0.8
Cuban	0	+/-23	0.0%	+/-0.1
Other Hispanic or Latino	504	+/-233	1.2%	+/-0.5
Not Hispanic or Latino	26,491	+/-1,127	62.8%	+/-2.0
White alone	5,619	+/-550	13.3%	+/-1.4
Black or African American alone	19,954	+/-1,028	47.3%	+/-1.9
American Indian and Alaska Native alone	13	+/-21	0.0%	+/-0.1
Asian alone	279	+/-147	0.7%	+/-0.3
Native Hawaiian and Other Pacific Islander alone	0	+/-23	0.0%	+/-0.1

Subject	ZCTA5 60652			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	16	+/-27	0.0%	+/-0.1
Two or more races	610	+/-341	1.4%	+/-0.8
Two races including Some other race	151	+/-220	0.4%	+/-0.5
Two races excluding Some other race, and Three or more races	459	+/-289	1.1%	+/-0.7
Total housing units	13,883	+/-191	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	27,572	+/-817	27,572	(X)
Male	13,393	+/-550	48.6%	+/-1.3
Female	14,179	+/-530	51.4%	+/-1.3

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For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

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U.S. Census Bureau

AMERICAN FactFinder

DP05 | ACS DEMOGRAPHIC AND HOUSING ESTIMATES

Oakland

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60456			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	4,356	+/-27	4,356	(X)
Male	1,706	+/-178	39.2%	+/-4.0
Female	2,650	+/-173	60.8%	+/-4.0
Under 5 years	428	+/-152	9.8%	+/-3.5
5 to 9 years	197	+/-109	4.5%	+/-2.5
10 to 14 years	135	+/-146	3.1%	+/-3.3
15 to 19 years	244	+/-63	5.6%	+/-1.9
20 to 24 years	120	+/-56	2.8%	+/-1.3
25 to 34 years	760	+/-194	17.4%	+/-4.4
35 to 44 years	446	+/-160	10.2%	+/-3.7
45 to 54 years	787	+/-165	16.1%	+/-3.8
55 to 59 years	337	+/-109	7.7%	+/-2.5
60 to 64 years	224	+/-72	5.1%	+/-1.7
65 to 74 years	396	+/-128	9.1%	+/-2.9
75 to 84 years	169	+/-60	3.9%	+/-1.4
85 years end over	113	+/-64	2.6%	+/-1.5
Median age (years)	41.0	+/-4.6	(X)	(X)
18 years and over	3,424	+/-164	78.6%	+/-3.7
21 years and over	3,325	+/-156	76.3%	+/-3.5
62 years and over	815	+/-165	18.7%	+/-3.8
65 years and over	678	+/-151	15.6%	+/-3.5
18 years and over	3,424	+/-164	3,424	(X)
Male	1,443	+/-154	42.1%	+/-3.8
Female	1,981	+/-151	57.9%	+/-3.8
65 years and over	678	+/-151	678	(X)
Male	225	+/-74	33.2%	+/-8.0

Subject	ZCTA5 60456			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	453	+/-115	66.8%	+/-8.0
RACE				
Total population	4,356	+/-27	4,356	(X)
One race	4,327	+/-54	99.3%	+/-1.1
Two or more races	29	+/-48	0.7%	+/-1.1
One race	4,327	+/-54	99.3%	+/-1.1
White	4,069	+/-322	93.4%	+/-7.4
Black or African American	28	+/-45	0.6%	+/-1.0
American Indian and Alaska Native	0	+/-11	0.0%	+/-0.6
Cherokee tribal grouping	0	+/-11	0.0%	+/-0.6
Chippewa tribal grouping	0	+/-11	0.0%	+/-0.6
Navajo tribal grouping	0	+/-11	0.0%	+/-0.6
Sioux tribal grouping	0	+/-11	0.0%	+/-0.6
Asian	1	+/-2	0.0%	+/-0.1
Asian Indian	0	+/-11	0.0%	+/-0.6
Chinese	0	+/-11	0.0%	+/-0.6
Filipino	0	+/-11	0.0%	+/-0.6
Japanese	0	+/-11	0.0%	+/-0.6
Korean	0	+/-11	0.0%	+/-0.6
Vietnamese	1	+/-2	0.0%	+/-0.1
Other Asian	0	+/-11	0.0%	+/-0.6
Native Hawaiian and Other Pacific Islander	0	+/-11	0.0%	+/-0.6
Native Hawaiian	0	+/-11	0.0%	+/-0.6
Guamanian or Chamorro	0	+/-11	0.0%	+/-0.6
Samoan	0	+/-11	0.0%	+/-0.6
Other Pacific Islander	0	+/-11	0.0%	+/-0.6
Some other race	229	+/-315	5.3%	+/-7.2
Two or more races	29	+/-48	0.7%	+/-1.1
White and Black or African American	0	+/-11	0.0%	+/-0.6
White and American Indian and Alaska Native	0	+/-11	0.0%	+/-0.6
White and Asian	0	+/-11	0.0%	+/-0.8
Black or African American and American Indian and Alaska Native	0	+/-11	0.0%	+/-0.6
Race alone or in combination with one or more other races				
Total population	4,356	+/-27	4,356	(X)
White	4,069	+/-322	93.4%	+/-7.4
Black or African American	57	+/-65	1.3%	+/-1.5
American Indian and Alaska Native	0	+/-11	0.0%	+/-0.6
Asian	1	+/-2	0.0%	+/-0.1
Native Hawaiian and Other Pacific Islander	0	+/-11	0.0%	+/-0.6
Some other race	258	+/-324	5.9%	+/-7.4
HISPANIC OR LATINO AND RACE				
Total population	4,356	+/-27	4,356	(X)
Hispanic or Latino (of any race)	1,019	+/-307	23.4%	+/-7.0
Mexican	626	+/-476	14.4%	+/-10.9
Puerto Rican	372	+/-224	8.5%	+/-5.1
Cuban	0	+/-11	0.0%	+/-0.6
Other Hispanic or Latino	21	+/-23	0.5%	+/-0.5
Not Hispanic or Latino	3,337	+/-307	76.6%	+/-7.0
White alone	3,237	+/-303	74.3%	+/-7.0
Black or African American alone	28	+/-45	0.6%	+/-1.0
American Indian and Alaska Native alone	0	+/-11	0.0%	+/-0.6
Asian alone	1	+/-2	0.0%	+/-0.1
Native Hawaiian and Other Pacific Islander alone	0	+/-11	0.0%	+/-0.6

Subject	ZCTA5 60456			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	42	+/-71	1.0%	+/-1.6
Two or more races	29	+/-48	0.7%	+/-1.1
Two races including Some other race	29	+/-48	0.7%	+/-1.1
Two races excluding Some other race, and Three or more races	0	+/-11	0.0%	+/-0.6
Total housing units	2,107	+/-197	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	3,299	+/-238	3,299	(X)
Male	1,369	+/-166	41.5%	+/-3.9
Female	1,930	+/-186	58.5%	+/-3.9

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Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

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U.S. Census Bureau

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ACS DEMOGRAPHIC AND HOUSING ESTIMATES

Evergreen Park

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60805			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	19,934	+/-42	19,934	(X)
Male	9,413	+/-370	47.2%	+/-1.8
Female	10,521	+/-368	52.8%	+/-1.8
Under 5 years	1,295	+/-258	6.5%	+/-1.3
5 to 9 years	1,081	+/-158	5.4%	+/-0.8
10 to 14 years	1,462	+/-227	7.3%	+/-1.1
15 to 19 years	1,648	+/-228	8.3%	+/-1.1
20 to 24 years	1,223	+/-210	6.1%	+/-1.1
25 to 34 years	2,170	+/-336	10.9%	+/-1.7
35 to 44 years	2,326	+/-291	11.7%	+/-1.5
45 to 54 years	3,395	+/-382	17.0%	+/-1.9
55 to 59 years	1,548	+/-248	7.8%	+/-1.2
60 to 64 years	1,204	+/-227	6.0%	+/-1.1
65 to 74 years	1,159	+/-223	5.8%	+/-1.1
75 to 84 years	807	+/-153	4.0%	+/-0.8
85 years and over	616	+/-149	3.1%	+/-0.7
Median age (years)	39.6	+/-2.5	(X)	(X)
18 years and over	15,056	+/-254	75.5%	+/-1.3
21 years and over	14,225	+/-288	71.4%	+/-1.4
62 years and over	3,255	+/-310	16.3%	+/-1.6
65 years and over	2,582	+/-276	13.0%	+/-1.4
18 years and over	15,056	+/-254	15,056	(X)
Male	6,960	+/-323	46.2%	+/-2.0
Female	8,096	+/-327	53.8%	+/-2.0
65 years and over	2,582	+/-276	2,582	(X)
Male	1,009	+/-186	39.1%	+/-4.8

Subject	ZCTA5 60805			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	1,573	+/-179	60.9%	+/-4.8
RACE				
Total population	19,934	+/-42	19,934	(X)
One race	19,562	+/-195	98.1%	+/-1.0
Two or more races	372	+/-190	1.9%	+/-1.0
One race	19,562	+/-195	98.1%	+/-1.0
White	14,850	+/-504	74.5%	+/-2.5
Black or African American	4,124	+/-415	20.7%	+/-2.1
American Indian and Alaska Native	0	+/-17	0.0%	+/-0.1
Cherokee tribal grouping	0	+/-17	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-17	0.0%	+/-0.1
Navajo tribal grouping	0	+/-17	0.0%	+/-0.1
Sioux tribal grouping	0	+/-17	0.0%	+/-0.1
Asian	117	+/-142	0.6%	+/-0.7
Asian Indian	110	+/-142	0.6%	+/-0.7
Chinese	0	+/-17	0.0%	+/-0.1
Filipino	7	+/-11	0.0%	+/-0.1
Japanese	0	+/-17	0.0%	+/-0.1
Korean	0	+/-17	0.0%	+/-0.1
Vietnamese	0	+/-17	0.0%	+/-0.1
Other Asian	0	+/-17	0.0%	+/-0.1
Native Hawaiian and Other Pacific Islander	0	+/-17	0.0%	+/-0.1
Native Hawaiian	0	+/-17	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-17	0.0%	+/-0.1
Samoan	0	+/-17	0.0%	+/-0.1
Other Pacific Islander	0	+/-17	0.0%	+/-0.1
Some other race	471	+/-224	2.4%	+/-1.1
Two or more races	372	+/-190	1.9%	+/-1.0
White and Black or African American	136	+/-83	0.7%	+/-0.4
White and American Indian and Alaska Native	0	+/-17	0.0%	+/-0.1
White and Asian	91	+/-84	0.5%	+/-0.4
Black or African American and American Indian and Alaska Native	18	+/-28	0.1%	+/-0.1
Race alone or in combination with one or more other races				
Total population	19,934	+/-42	19,934	(X)
White	15,191	+/-507	76.2%	+/-2.5
Black or African American	4,405	+/-442	22.1%	+/-2.2
American Indian and Alaska Native	72	+/-91	0.4%	+/-0.5
Asian	281	+/-210	1.4%	+/-1.1
Native Hawaiian and Other Pacific Islander	0	+/-17	0.0%	+/-0.1
Some other race	471	+/-224	2.4%	+/-1.1
HISPANIC OR LATINO AND RACE				
Total population	19,934	+/-42	19,934	(X)
Hispanic or Latino (of any race)	2,262	+/-297	11.3%	+/-1.5
Mexican	2,021	+/-299	10.1%	+/-1.5
Puerto Rican	169	+/-145	0.8%	+/-0.7
Cuban	0	+/-17	0.0%	+/-0.1
Other Hispanic or Latino	72	+/-69	0.4%	+/-0.3
Not Hispanic or Latino	17,672	+/-299	88.7%	+/-1.5
White alone	13,196	+/-492	66.2%	+/-2.5
Black or African American alone	4,085	+/-404	20.5%	+/-2.0
American Indian and Alaska Native alone	0	+/-17	0.0%	+/-0.1
Asian alone	117	+/-142	0.6%	+/-0.7
Native Hawaiian and Other Pacific Islander alone	0	+/-17	0.0%	+/-0.1

Subject	ZCTA5 60805			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	0	+/-17	0.0%	+/-0.1
Two or more races	274	+/-179	1.4%	+/-0.9
Two races including Some other race	0	+/-17	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	274	+/-179	1.4%	+/-0.9
Total housing units	7,503	+/-232	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	14,638	+/-297	14,638	(X)
Male	6,693	+/-329	45.7%	+/-2.0
Female	7,945	+/-338	54.3%	+/-2.0

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U.S. Census Bureau

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ACS DEMOGRAPHIC AND HOUSING ESTIMATES

Bedford Park

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60459			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	29,119	+/-58	29,119	(X)
Male	14,208	+/-354	48.8%	+/-1.2
Female	14,911	+/-346	51.2%	+/-1.2
Under 5 years	1,762	+/-341	6.1%	+/-1.2
5 to 9 years	1,920	+/-277	6.6%	+/-1.0
10 to 14 years	2,152	+/-349	7.4%	+/-1.2
15 to 19 years	2,242	+/-263	7.7%	+/-0.9
20 to 24 years	2,227	+/-278	7.6%	+/-1.0
25 to 34 years	3,711	+/-382	12.7%	+/-1.3
35 to 44 years	3,533	+/-337	12.1%	+/-1.2
45 to 54 years	4,065	+/-333	14.0%	+/-1.1
55 to 59 years	2,041	+/-259	7.0%	+/-0.9
60 to 64 years	1,531	+/-282	5.3%	+/-1.0
65 to 74 years	2,112	+/-291	7.3%	+/-1.0
75 to 84 years	1,252	+/-180	4.3%	+/-0.6
85 years and over	571	+/-130	2.0%	+/-0.4
Median age (years)	36.5	+/-1.9	(X)	(X)
18 years and over	22,045	+/-443	75.7%	+/-1.5
21 years and over	20,640	+/-444	70.9%	+/-1.5
62 years and over	4,932	+/-381	16.9%	+/-1.3
65 years and over	3,935	+/-326	13.5%	+/-1.1
18 years and over	22,045	+/-443	22,045	(X)
Male	10,619	+/-374	48.2%	+/-1.3
Female	11,426	+/-355	51.8%	+/-1.3
65 years and over	3,935	+/-326	3,935	(X)
Male	1,540	+/-199	39.1%	+/-3.6

Subject	ZCTA5 60459			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	2,395	+/-233	60.9%	+/-3.6
RACE				
Total population	29,119	+/-58	29,119	(X)
One race	28,619	+/-228	98.3%	+/-0.7
Two or more races	500	+/-216	1.7%	+/-0.7
One race	28,619	+/-228	98.3%	+/-0.7
White	24,384	+/-855	83.7%	+/-2.9
Black or African American	534	+/-246	1.8%	+/-0.8
American Indian and Alaska Native	135	+/-128	0.5%	+/-0.4
Cherokee tribal grouping	0	+/-20	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-20	0.0%	+/-0.1
Navajo tribal grouping	0	+/-20	0.0%	+/-0.1
Sioux tribal grouping	0	+/-20	0.0%	+/-0.1
Asian	738	+/-319	2.5%	+/-1.1
Asian Indian	199	+/-212	0.7%	+/-0.7
Chinese	23	+/-27	0.1%	+/-0.1
Filipino	261	+/-157	0.9%	+/-0.5
Japanese	0	+/-20	0.0%	+/-0.1
Korean	51	+/-58	0.2%	+/-0.2
Vietnamese	129	+/-131	0.4%	+/-0.5
Other Asian	75	+/-98	0.3%	+/-0.3
Native Hawaiian and Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Native Hawaiian	0	+/-20	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-20	0.0%	+/-0.1
Samoan	0	+/-20	0.0%	+/-0.1
Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Some other race	2,828	+/-704	9.7%	+/-2.4
Two or more races	500	+/-216	1.7%	+/-0.7
White and Black or African American	79	+/-87	0.3%	+/-0.3
White and American Indian and Alaska Native	11	+/-20	0.0%	+/-0.1
White and Asian	99	+/-104	0.3%	+/-0.4
Black or African American and American Indian and Alaska Native	0	+/-20	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	29,119	+/-58	29,119	(X)
White	24,825	+/-836	85.3%	+/-2.9
Black or African American	642	+/-284	2.2%	+/-1.0
American Indian and Alaska Native	148	+/-131	0.5%	+/-0.5
Asian	904	+/-337	3.1%	+/-1.2
Native Hawaiian and Other Pacific Islander	10	+/-16	0.0%	+/-0.1
Some other race	3,100	+/-743	10.6%	+/-2.6
HISPANIC OR LATINO AND RACE				
Total population	29,119	+/-58	29,119	(X)
Hispanic or Latino (of any race)	8,476	+/-663	29.1%	+/-2.3
Mexican	7,067	+/-685	24.3%	+/-2.3
Puerto Rican	762	+/-316	2.6%	+/-1.1
Cuban	0	+/-20	0.0%	+/-0.1
Other Hispanic or Latino	647	+/-345	2.2%	+/-1.2
Not Hispanic or Latino	20,643	+/-658	70.9%	+/-2.3
White alone	19,070	+/-779	65.5%	+/-2.7
Black or African American alone	505	+/-248	1.7%	+/-0.9
American Indian and Alaska Native alone	0	+/-20	0.0%	+/-0.1
Asian alone	710	+/-317	2.4%	+/-1.1
Native Hawaiian and Other Pacific Islander alone	0	+/-20	0.0%	+/-0.1

Subject	ZCTA5 60459			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	108	+/-141	0.4%	+/-0.5
Two or more races	250	+/-141	0.9%	+/-0.5
Two races including Some other race	28	+/-44	0.1%	+/-0.2
Two races excluding Some other race, and Three or more races	222	+/-136	0.8%	+/-0.5
Total housing units	9,335	+/-320	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	18,276	+/-684	18,276	(X)
Male	8,719	+/-409	47.7%	+/-1.4
Female	9,557	+/-456	52.3%	+/-1.4

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ACS DEMOGRAPHIC AND HOUSING ESTIMATES

Merrionette Park

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60655			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	28,479	+/-746	28,479	(X)
Male	13,896	+/-540	48.8%	+/-1.5
Female	14,583	+/-581	51.2%	+/-1.5
Under 5 years	2,129	+/-324	7.5%	+/-1.1
5 to 9 years	1,836	+/-286	6.4%	+/-1.0
10 to 14 years	1,841	+/-325	6.5%	+/-1.1
15 to 19 years	2,317	+/-330	8.1%	+/-1.1
20 to 24 years	1,740	+/-238	6.1%	+/-0.9
25 to 34 years	3,420	+/-393	12.0%	+/-1.3
35 to 44 years	4,093	+/-348	14.4%	+/-1.2
45 to 54 years	4,284	+/-291	15.0%	+/-1.0
55 to 59 years	1,971	+/-303	6.9%	+/-1.1
60 to 64 years	1,496	+/-206	5.3%	+/-0.7
65 to 74 years	1,968	+/-207	6.9%	+/-0.7
75 to 84 years	925	+/-218	3.2%	+/-0.7
85 years and over	459	+/-122	1.6%	+/-0.4
Median age (years)	37.8	+/-1.2	(X)	(X)
18 years and over	21,239	+/-561	74.6%	+/-1.4
21 years and over	19,890	+/-553	69.8%	+/-1.5
62 years and over	4,261	+/-303	15.0%	+/-1.0
65 years and over	3,352	+/-272	11.8%	+/-0.9
18 years and over	21,239	+/-561	21,239	(X)
Male	10,226	+/-472	48.1%	+/-1.7
Female	11,013	+/-436	51.9%	+/-1.7
65 years and over	3,352	+/-272	3,352	(X)
Male	1,334	+/-151	39.8%	+/-4.3

Subject	ZCTA5 60655			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	2,018	+/-252	60.2%	+/-4.3
RACE				
Total population	28,479	+/-746	28,479	(X)
One race	28,109	+/-745	98.7%	+/-0.6
Two or more races	370	+/-158	1.3%	+/-0.6
One race	28,109	+/-745	98.7%	+/-0.6
White	25,362	+/-755	89.1%	+/-1.6
Black or African American	1,967	+/-371	6.9%	+/-1.3
American Indian and Alaska Native	48	+/-47	0.2%	+/-0.2
Cherokee tribal grouping	10	+/-15	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-20	0.0%	+/-0.1
Navajo tribal grouping	0	+/-20	0.0%	+/-0.1
Sioux tribal grouping	0	+/-20	0.0%	+/-0.1
Asian	430	+/-259	1.5%	+/-0.9
Asian Indian	6	+/-11	0.0%	+/-0.1
Chinese	67	+/-41	0.2%	+/-0.1
Filipino	255	+/-237	0.9%	+/-0.8
Japanese	7	+/-14	0.0%	+/-0.1
Korean	39	+/-32	0.1%	+/-0.1
Vietnamese	31	+/-46	0.1%	+/-0.2
Other Asian	25	+/-26	0.1%	+/-0.1
Native Hawaiian and Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Native Hawaiian	0	+/-20	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-20	0.0%	+/-0.1
Samoan	0	+/-20	0.0%	+/-0.1
Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Some other race	302	+/-179	1.1%	+/-0.6
Two or more races	370	+/-158	1.3%	+/-0.6
White and Black or African American	71	+/-56	0.2%	+/-0.2
White and American Indian and Alaska Native	126	+/-97	0.4%	+/-0.3
White and Asian	72	+/-58	0.3%	+/-0.2
Black or African American and American Indian and Alaska Native	7	+/-13	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	28,479	+/-746	28,479	(X)
White	25,712	+/-756	90.3%	+/-1.6
Black or African American	2,086	+/-385	7.3%	+/-1.3
American Indian and Alaska Native	209	+/-127	0.7%	+/-0.4
Asian	505	+/-272	1.8%	+/-1.0
Native Hawaiian and Other Pacific Islander	29	+/-39	0.1%	+/-0.1
Some other race	339	+/-179	1.2%	+/-0.6
HISPANIC OR LATINO AND RACE				
Total population	28,479	+/-746	28,479	(X)
Hispanic or Latino (of any race)	1,668	+/-357	5.9%	+/-1.3
Mexican	1,276	+/-332	4.5%	+/-1.2
Puerto Rican	193	+/-105	0.7%	+/-0.4
Cuban	29	+/-24	0.1%	+/-0.1
Other Hispanic or Latino	170	+/-100	0.6%	+/-0.4
Not Hispanic or Latino	26,811	+/-824	94.1%	+/-1.3
White alone	24,077	+/-794	84.5%	+/-1.8
Black or African American alone	1,967	+/-371	6.9%	+/-1.3
American Indian and Alaska Native alone	23	+/-24	0.1%	+/-0.1
Asian alone	430	+/-259	1.5%	+/-0.9
Native Hawaiian and Other Pacific Islander alone	0	+/-20	0.0%	+/-0.1

Subject	ZCTA5 60655			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	25	+/-27	0.1%	+/-0.1
Two or more races	289	+/-145	1.0%	+/-0.5
Two races including Some other race	0	+/-20	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	289	+/-145	1.0%	+/-0.5
Total housing units	10,658	+/-145	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	20,891	+/-575	20,891	(X)
Male	10,073	+/-490	48.2%	+/-1.7
Female	10,818	+/-432	51.8%	+/-1.7

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Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

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ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60638			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	57,958	+/-1,406	57,958	(X)
Male	28,022	+/-933	48.3%	+/-1.1
Female	29,936	+/-940	51.7%	+/-1.1
Under 5 years	3,694	+/-486	6.4%	+/-0.8
5 to 9 years	3,779	+/-496	6.5%	+/-0.8
10 to 14 years	3,597	+/-369	6.2%	+/-0.6
15 to 19 years	3,866	+/-395	6.7%	+/-0.7
20 to 24 years	3,547	+/-381	6.1%	+/-0.6
25 to 34 years	8,052	+/-691	13.9%	+/-1.1
35 to 44 years	8,661	+/-480	14.9%	+/-0.9
45 to 54 years	7,928	+/-514	13.7%	+/-0.9
55 to 59 years	3,462	+/-358	6.0%	+/-0.6
60 to 64 years	3,178	+/-372	5.5%	+/-0.6
65 to 74 years	4,266	+/-389	7.4%	+/-0.7
75 to 84 years	2,504	+/-276	4.3%	+/-0.5
85 years and over	1,424	+/-213	2.5%	+/-0.4
Median age (years)	37.7	+/-0.9	(X)	(X)
18 years and over	44,500	+/-1,085	76.8%	+/-1.1
21 years and over	42,549	+/-1,054	73.4%	+/-1.1
62 years and over	10,047	+/-471	17.3%	+/-0.7
65 years and over	8,194	+/-419	14.1%	+/-0.7
18 years and over	44,500	+/-1,085	44,500	(X)
Male	21,829	+/-666	49.1%	+/-1.1
Female	22,671	+/-791	50.9%	+/-1.1
65 years and over	8,194	+/-419	8,194	(X)
Male	3,529	+/-267	43.1%	+/-2.2

Subject	ZCTA5 60638			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	4,665	+/-285	56.9%	+/-2.2
RACE				
Total population	57,958	+/-1,406	57,958	(X)
One race	55,586	+/-1,313	95.9%	+/-1.3
Two or more races	2,372	+/-768	4.1%	+/-1.3
One race	55,586	+/-1,313	95.9%	+/-1.3
White	42,903	+/-1,618	74.0%	+/-2.2
Black or African American	1,640	+/-367	2.8%	+/-0.6
American Indian and Alaska Native	25	+/-21	0.0%	+/-0.1
Cherokee tribal grouping	0	+/-26	0.0%	+/-0.1
Chippewa tribal grouping	7	+/-11	0.0%	+/-0.1
Navejo tribal grouping	0	+/-26	0.0%	+/-0.1
Sioux tribal grouping	0	+/-26	0.0%	+/-0.1
Asian	628	+/-282	1.1%	+/-0.5
Asian Indian	54	+/-59	0.1%	+/-0.1
Chinese	175	+/-125	0.3%	+/-0.2
Filipino	270	+/-209	0.5%	+/-0.4
Japanese	19	+/-22	0.0%	+/-0.1
Korean	39	+/-48	0.1%	+/-0.1
Vietnemese	33	+/-45	0.1%	+/-0.1
Other Asian	38	+/-44	0.1%	+/-0.1
Native Hawaiian and Other Pacific Islander	0	+/-26	0.0%	+/-0.1
Native Hawaiian	0	+/-26	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-26	0.0%	+/-0.1
Samoan	0	+/-26	0.0%	+/-0.1
Other Pacific Islander	0	+/-26	0.0%	+/-0.1
Some other race	10,390	+/-1,187	17.9%	+/-2.1
Two or more races	2,372	+/-768	4.1%	+/-1.3
White and Black or African American	271	+/-220	0.5%	+/-0.4
White and American Indian and Alaska Native	284	+/-179	0.5%	+/-0.3
White and Asian	208	+/-105	0.4%	+/-0.2
Black or African American and American Indian and Alaska Native	11	+/-18	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	57,958	+/-1,406	57,958	(X)
White	45,020	+/-1,800	77.7%	+/-2.2
Black or African American	2,219	+/-519	3.8%	+/-0.9
American Indian and Alaska Native	389	+/-203	0.7%	+/-0.3
Asian	1,017	+/-408	1.8%	+/-0.7
Native Hawaiian and Other Pacific Islander	10	+/-16	0.0%	+/-0.1
Some other race	11,964	+/-1,230	20.6%	+/-2.0
HISPANIC OR LATINO AND RACE				
Total population	57,958	+/-1,406	57,958	(X)
Hispanic or Latino (of any race)	26,303	+/-1,433	45.4%	+/-1.8
Mexican	22,599	+/-1,422	39.0%	+/-2.0
Puerto Rican	2,243	+/-804	3.9%	+/-1.4
Cuban	187	+/-146	0.3%	+/-0.3
Other Hispanic or Latino	1,274	+/-434	2.2%	+/-0.7
Not Hispanic or Latino	31,655	+/-991	54.6%	+/-1.8
White alone	28,956	+/-1,041	50.0%	+/-1.8
Black or African American alone	1,606	+/-363	2.8%	+/-0.6
American Indian and Alaska Native alone	13	+/-15	0.0%	+/-0.1
Asian alone	562	+/-271	1.0%	+/-0.5
Native Hawaiian and Other Pacific Islander alone	0	+/-26	0.0%	+/-0.1

Subject	ZCTA5 60638			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	26	+/-39	0.0%	+/-0.1
Two or more races	492	+/-190	0.8%	+/-0.3
Two races including Some other race	38	+/-44	0.1%	+/-0.1
Two races excluding Some other race, and Three or more races	454	+/-183	0.8%	+/-0.3
Total housing units	21,071	+/-198	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	39,233	+/-1,078	39,233	(X)
Male	19,548	+/-716	49.8%	+/-1.2
Female	19,685	+/-708	50.2%	+/-1.2

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ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60632			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	91,310	+/-2,204	91,310	(X)
Male	46,347	+/-1,453	50.8%	+/-0.9
Female	44,963	+/-1,281	49.2%	+/-0.9
Under 5 years	6,987	+/-555	7.7%	+/-0.6
5 to 9 years	7,406	+/-648	8.1%	+/-0.6
10 to 14 years	8,600	+/-639	9.4%	+/-0.6
15 to 19 years	8,424	+/-693	9.2%	+/-0.7
20 to 24 years	6,954	+/-626	7.6%	+/-0.6
25 to 34 years	13,169	+/-771	14.4%	+/-0.8
35 to 44 years	14,573	+/-768	16.0%	+/-0.7
45 to 54 years	10,864	+/-616	11.9%	+/-0.6
55 to 59 years	3,842	+/-337	4.2%	+/-0.4
60 to 64 years	3,410	+/-367	3.7%	+/-0.4
65 to 74 years	4,133	+/-436	4.5%	+/-0.5
75 to 84 years	1,906	+/-237	2.1%	+/-0.3
85 years and over	1,042	+/-173	1.1%	+/-0.2
Median age (years)	30.7	+/-0.7	(X)	(X)
18 years and over	62,983	+/-1,493	69.0%	+/-0.9
21 years and over	58,146	+/-1,354	63.7%	+/-0.9
62 years and over	8,962	+/-600	9.8%	+/-0.7
65 years and over	7,081	+/-514	7.8%	+/-0.6
18 years and over	62,983	+/-1,493	62,983	(X)
Male	32,049	+/-1,081	50.9%	+/-1.0
Female	30,934	+/-821	49.1%	+/-1.0
65 years and over	7,081	+/-514	7,081	(X)
Male	3,099	+/-308	43.8%	+/-2.8

Subject	ZCTA5 60632			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	3,982	+/-339	56.2%	+/-2.8
RACE				
Total population	91,310	+/-2,204	91,310	(X)
One race	89,999	+/-2,208	98.6%	+/-0.3
Two or more races	1,311	+/-298	1.4%	+/-0.3
One race	89,999	+/-2,208	98.6%	+/-0.3
White	50,255	+/-2,287	55.0%	+/-2.2
Black or African American	1,792	+/-501	2.0%	+/-0.5
American Indian and Alaska Native	711	+/-335	0.8%	+/-0.4
Cherokee tribal grouping	0	+/-26	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-26	0.0%	+/-0.1
Navajo tribal grouping	15	+/-22	0.0%	+/-0.1
Sioux tribal grouping	11	+/-18	0.0%	+/-0.1
Asian	4,098	+/-562	4.5%	+/-0.6
Asian Indian	125	+/-122	0.1%	+/-0.1
Chinese	3,329	+/-572	3.6%	+/-0.6
Filipino	318	+/-166	0.3%	+/-0.2
Japanese	23	+/-22	0.0%	+/-0.1
Korean	44	+/-40	0.0%	+/-0.1
Vietnamese	94	+/-103	0.1%	+/-0.1
Other Asian	165	+/-130	0.2%	+/-0.1
Native Hawaiian and Other Pacific Islander	6	+/-9	0.0%	+/-0.1
Native Hawaiian	0	+/-26	0.0%	+/-0.1
Guamanian or Chamorro	6	+/-9	0.0%	+/-0.1
Samoan	0	+/-26	0.0%	+/-0.1
Other Pacific Islander	0	+/-26	0.0%	+/-0.1
Some other race	33,137	+/-2,091	36.3%	+/-2.0
Two or more races	1,311	+/-298	1.4%	+/-0.3
White and Black or African American	156	+/-106	0.2%	+/-0.1
White and American Indian and Alaska Native	163	+/-125	0.2%	+/-0.1
White and Asian	34	+/-39	0.0%	+/-0.1
Black or African American and American Indian and Alaska Native	11	+/-16	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	91,310	+/-2,204	91,310	(X)
White	51,204	+/-2,327	56.1%	+/-2.2
Black or African American	2,262	+/-588	2.5%	+/-0.6
American Indian and Alaska Native	1,139	+/-374	1.2%	+/-0.4
Asian	4,202	+/-568	4.6%	+/-0.6
Native Hawaiian and Other Pacific Islander	15	+/-15	0.0%	+/-0.1
Some other race	33,951	+/-2,085	37.2%	+/-2.1
HISPANIC OR LATINO AND RACE				
Total population	91,310	+/-2,204	91,310	(X)
Hispanic or Latino (of any race)	77,118	+/-2,306	84.5%	+/-0.9
Mexican	71,859	+/-2,293	78.7%	+/-1.4
Puerto Rican	1,977	+/-489	2.2%	+/-0.5
Cuban	167	+/-110	0.2%	+/-0.1
Other Hispanic or Latino	3,115	+/-720	3.4%	+/-0.8
Not Hispanic or Latino	14,192	+/-610	15.5%	+/-0.9
White alone	6,591	+/-647	9.4%	+/-0.7
Black or African American alone	1,295	+/-425	1.4%	+/-0.5
American Indian and Alaska Native alone	22	+/-28	0.0%	+/-0.1
Asian alone	4,067	+/-564	4.5%	+/-0.6
Native Hawaiian and Other Pacific Islander alone	0	+/-26	0.0%	+/-0.1

Subject	ZCTA5 60632			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	19	+/-19	0.0%	+/-0.1
Two or more races	198	+/-108	0.2%	+/-0.1
Two races including Some other race	4	+/-6	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	194	+/-107	0.2%	+/-0.1
Total housing units	27,280	+/-268	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	36,448	+/-1,363	36,448	(X)
Male	17,725	+/-861	48.6%	+/-1.4
Female	18,723	+/-824	51.4%	+/-1.4

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Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

State: Illinois
County: Cook County
MUA ID: All

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Cook County	031	Rogers Park Service Area	00522	Medically Underserved Area	Medically Underserved Area	61.20	06/10/1999	06/10/1999
CT 0101.00 CT 0102.01 CT 0102.02 CT 0103.00 CT 0104.00 CT 0105.01 CT 0105.02 CT 0105.03 CT 0106.00 CT 0107.01 CT 0107.02 CT 8306.00								
Cook County	031	Communities Asian-American Population	00801	Medically Underserved Population – Governor's Exception	MUP Other Population	0.00	03/31/1988	03/31/1988
MCD (14000) Chicago city								
Cook County	031	Roseland Service Area	00802	Medically Underserved Area	Medically Underserved Area	46.90	10/23/1995	10/23/1995
CT 4409.00 CT 4903.00 CT 4905.00 CT 4906.00 CT 4907.00 CT 4908.00 CT 4909.01 CT 4909.02								

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 4910.00								
CT 4911.00								
CT 4912.00								
CT 4913.00								
CT 4914.00								
CT 8340.00								
Cook County	031	LeClaire Courts Service Area	00822	Medically Underserved Area	Medically Underserved Area	56.50	12/09/1992	02/01/1994
CT 5601.00								
CT 5602.00								
CT 5603.00								
CT 5604.00								
Cook County	031	Cook Service Area	00826	Medically Underserved Area	Medically Underserved Area	48.50	08/13/1992	02/03/1994
CT 6103.00								
CT 6104.00								
CT 6108.00								
CT 6110.00								
CT 6111.00								
CT 6112.00								
CT 6113.00								
CT 6114.00								
CT 6116.00								
CT 6117.00								
CT 6118.00								
CT 6119.00								
CT 6120.00								
CT 6121.00								
CT 6301.00								
CT 8426.00								
CT 8438.00								
Cook County	031	Cook Service Area	00827	Medically Underserved Area	Medically Underserved Area	57.90	08/13/1992	02/03/1994

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 3102.00 CT 3103.00 CT 3104.00 CT 3105.00 CT 3106.00 CT 3107.00 CT 3108.00 CT 3109.00 CT 8412.00 CT 8413.00 CT 8432.00	Cook County	031	Cook Service Area	00828	Medically Underserved Area	Medically Underserved Area	43.30	08/13/1992	02/03/1994
CT 3302.00 CT 8410.00	Cook County	031	Cook Service Area	00829	Medically Underserved Area	Medically Underserved Area	59.20	08/05/1992	02/03/1994
CT 3005.00 CT 3006.00 CT 3007.00 CT 3008.00 CT 3009.00 CT 3011.00 CT 3012.00 CT 3016.00 CT 3017.01 CT 3017.02 CT 3018.01 CT 3018.02 CT 3018.03 CT 8305.00 CT 8407.00 CT 8408.00									

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 8417.00								
CT 8435.00								
Cook County	031	Robbins Service Area	00830	Medically Underserved Area	Medically Underserved Area	46.70	06/11/1992	02/03/1994
CT 8243.00								
CT 8244.00								
CT 8248.00								
Cook County	031	Harvey/Phoenix Service Area	00831	Medically Underserved Area	Medically Underserved Area	45.20	06/11/1992	02/03/1994
CT 8269.01								
CT 8269.02								
CT 8273.00								
CT 8274.00								
Cook County	031	Chicago Heights/Ford Heights Service Area	00832	Medically Underserved Area	Medically Underserved Area	45.00	06/11/1992	02/03/1994
CT 8289.00								
CT 8290.00								
CT 8291.00								
CT 8297.00								
Cook County	031	Cook Service Area	00835	Medically Underserved Area	Medically Underserved Area	36.70	06/04/1984	05/03/1994
CT 0803.00								
CT 0804.00								
CT 0810.00								
CT 0817.00								
CT 0818.00								
CT 0819.00								
CT 2402.00								
CT 2415.00								
CT 2416.00								
CT 8383.00								

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County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Dnte
CT 8422.00								
CT 8423.00								
Cook County	031	Cook Service Area	00836	Medically Underserved Area	Medically Underserved Area	53.30	02/25/1983	05/03/1994
CT 4601.00								
CT 4602.00								
CT 4603.01								
CT 4603.02								
CT 4604.00								
CT 4605.00								
CT 4606.00								
CT 4607.00								
CT 4610.00								
CT 5101.00								
CT 5102.00								
CT 5103.00								
CT 5201.00								
CT 5202.00								
CT 5203.00								
CT 5204.00								
CT 5205.00								
CT 5206.00								
CT 8339.00								
CT 8388.00								
Cook County	031	Cook Service Area	00838	Medically Underserved Area	Medically Underserved Area	56.50	05/11/1994	05/11/1994
CT 0306.01								
CT 0306.03								
CT 0306.04								
CT 0307.01								
CT 0307.02								
CT 0307.03								
CT 0307.06								

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County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 0312.00 CT 0313.00 CT 0315.01 CT 0315.02 CT 8307.00								
Cook County	031	Cook Service Area	00839	Medically Underserved Area	Medically Underserved Area	56.20	05/11/1994	05/11/1994
CT 2405.00 CT 2410.00 CT 2412.00 CT 2413.00 CT 2414.00								
Cook County	031	Cook Service Area	00840	Medically Underserved Area	Medically Underserved Area	56.40	05/11/1994	05/11/1994
CT 2434.00 CT 8423.00								
Cook County	031	Cook Service Area	00841	Medically Underserved Area	Medically Underserved Area	54.50	05/11/1994	05/11/1994
CT 2601.00 CT 2602.00 CT 2608.00 CT 2609.00 CT 2705.00 CT 2712.00 CT 2713.00 CT 2714.00 CT 2715.00 CT 2718.00 CT 2804.00 CT 2808.00 CT 2809.00 CT 2819.00 CT 2832.00								

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 2838.00								
CT 2909.00								
CT 2912.00								
CT 2922.00								
CT 8330.00								
CT 8331.00								
CT 8368.00								
CT 8370.00								
CT 8373.00								
CT 8374.00								
CT 8378.00								
CT 8380.00								
CT 8381.00								
CT 8382.00								
CT 8386.00								
CT 8387.00								
CT 8414.00								
CT 8415.00								
CT 8419.00								
CT 8429.00								
CT 8430.00								
CT 8431.00								
Cook County	031	Cook Service Area	00842	Medically Underserved Area	Medically Underserved Area	51.70	05/11/1994	05/11/1994
CT 3405.00								
CT 3406.00								
CT 3504.00								
CT 3511.00								
CT 3514.00								
CT 3515.00								
CT 8395.00								
CT 8396.00								
CT 8420.00								

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County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Cook County	031	Cook Service Area	00843	Medically Underserved Area	Medically Underserved Area	52.60	05/11/1994	05/11/1994
CT 3602.00								
CT 3801.00								
CT 3802.00								
CT 3805.00								
CT 3807.00								
CT 3812.00								
CT 3814.00								
CT 3815.00								
CT 3817.00								
CT 3818.00								
CT 3819.00								
CT 3901.00								
CT 3902.00								
CT 3903.00								
CT 4003.00								
CT 8345.00								
CT 8355.00								
CT 8356.00								
CT 8357.00								
CT 8358.00								
CT 8359.00								
CT 8360.00								
CT 8361.00								
CT 8364.00								
CT 8365.00								
CT 8436.00								
Cook County	031	Cook Service Area	00844	Medically Underserved Area	Medically Underserved Area	54.60	05/11/1994	05/11/1994
CT 4109.00								
CT 4110.00								
CT 4201.00								

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Populatioa Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 4202.00 CT 4203.00 CT 4204.00 CT 4208.00 CT 4212.00 CT 8344.00 CT 8362.00 CT 8439.00								
Cook County	031	Cook Service Arca	00845	Medically Underserved Area	Medically Underserved Area	53.60	05/11/1994	05/11/1994
CT 4307.00 CT 4314.00								
Cook County	031	Cook Service Area	00846	Medically Underserved Area	Medically Underserved Area	55.80	05/18/1994	05/18/1994
CT 6809.00 CT 7101.00 CT 8346.00 CT 8347.00 CT 8348.00 CT 8425.00								
Cook County	031	Cook Service Area	00874	Medically Underserved Area	Medically Underserved Area	49.00	05/11/1994	05/11/1994
CT 0605.00								
Cook County	031	Cook Service Area	00875	Medically Underserved Area	Medically Underserved Area	55.10	05/11/1994	05/11/1994
CT 0609.00								
Cook County	031	Cook Service Area	00876	Medically Underserved Area	Medically Underserved Area	57.10	05/11/1994	05/11/1994
CT 0633.01 CT 0633.02 CT 0633.03								
Cook County	031	Cook Service Area	00877	Medically Underserved Area	Medically Underserved Area	57.10	05/11/1994	05/11/1994

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 0714.00								
Cook County	031	Cook Service Area	00878	Medically Underserved Area	Medically Underserved Area	55.80	05/11/1994	05/11/1994
CT 8326.00								
Cook County	031	Cook Service Area	00879	Medically Underserved Area	Medically Underserved Area	58.00	05/11/1994	05/11/1994
CT 8367.00								
Cook County	031	Cook Service Area	00880	Medically Underserved Area	Medically Underserved Area	58.00	05/11/1994	05/11/1994
CT 8314.00								
Cook County	031	Cook Service Area	00881	Medically Underserved Area	Medically Underserved Area	35.10	05/11/1994	05/11/1994
CT 8390.00								
CT 8391.00								
Cook County	031	Evanston Service Area	00883	Medically Underserved Area	Medically Underserved Area	60.00	05/18/1994	06/10/1999
CT 8094.00								
Cook County	031	Cook Service Area	00884	Medically Underserved Area	Medically Underserved Area	47.90	05/18/1994	05/18/1994
CT 8179.00								
Cook County	031	Riverdale Service Area	06126	Medically Underserved Area	Medically Underserved Area	52.30	05/27/1999	05/27/1999
CT 5401.01								
CT 5401.02								
CT 8215.00								
CT 8264.01								
CT 8264.02								
CT 8265.00								
CT 8266.00								
CT 8267.00								
Cook County	031	Summit	06219	Medically Underserved Area	Medically Underserved Area	54.60	05/24/2001	05/24/2001
CT 8203.00								

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County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 8204.00 CT 8205.01 CT 8205.02								
Cook County	031	Maywood	06220	Medically Underserved Area	Medically Underserved Area	59.50	05/25/2001	05/25/2001
CT 8172.00 CT 8173.00 CT 8175.00								
Cook County	031	Low Inc - Cicero Service Area	07058	Medically Underserved Population	MUP Low Income	60.30	06/10/1999	06/10/1999
CT 8136.00 CT 8137.01 CT 8137.02 CT 8138.01 CT 8138.02 CT 8139.00 CT 8141.00 CT 8142.00								
Cook County	031	Low Inc - Melrose Park/ Maywood Sa	07155	Medically Underserved Population	MUP Low Income	61.10	02/27/2002	02/27/2002
CT 8113.02 CT 8162.00 CT 8163.00 CT 8164.01 CT 8164.02 CT 8165.00 CT 8174.00								
Cook County	031	Kenwood Area	07176	Medically Underserved Area	Medically Underserved Area	57.10	04/04/2002	04/04/2002
CT 3904.00 CT 3905.00								

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Cuuoty Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designatioo Date	MUA/P Update Date
Cook County	031	Des Plaines Service Area	07304	Medically Underserved Area	Medically Underserved Area	61.40	02/28/2003	02/28/2003
CT 7706.01								
CT 7706.02								
CT 8049.02								
CT 8059.01								
CT 8061.02								
CT 8062.01								
CT 8062.02								
CT 8063.00								
Cook County	031	Low Inc - Blue Island	07308	Medically Underserved Population	MUP Low Income	61.60	02/28/2003	02/28/2003
CT 8212.00								
CT 8213.00								
CT 8234.00								
CT 8235.00								
CT 8236.03								
CT 8268.00								
Cook County	031	West Ridge Service Area	07316	Medically Underserved Area	Medically Underserved Area	59.80	03/13/2003	03/13/2003
CT 0205.00								
CT 0206.01								
CT 0206.02								
CT 0207.01								
CT 0207.02								
CT 0208.01								
CT 0208.02								
CT 0209.01								
CT 0209.02								
Cook County	031	Low Inc - Calumet City	07321	Medically Underserved Population	MUP Low Income	59.10	04/04/2003	04/04/2003

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County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 8258.01								
CT 8258.02								
CT 8258.03								
CT 8259.00								
CT 8260.00								
CT 8261.00								
CT 8262.01								
CT 8262.02								
Cook County	031	Brighton Park / Gage Park Service Area	07323	Medically Underserved Area	Medically Underserved Area	61.60	04/07/2003	01/12/2011
CT 8351.00								
CT 8428.00								
Cook County	031	Humboldt Park Service Area	07335	Medically Underserved Area	Medically Underserved Area	60.70	05/14/2003	05/14/2003
CT 2312.00								
CT 2315.00								
CT 8366.00								
CT 8421.00								
Cook County	031	Austin Community Service Area	07336	Medically Underserved Area	Medically Underserved Area	51.00	05/22/2003	05/22/2003
CT 2502.00								
CT 2503.00								
CT 2504.00								
CT 2506.00								
CT 2507.00								
CT 2508.00								
CT 2510.00								
CT 2511.00								
CT 2512.00								
CT 2513.00								
CT 2514.00								
CT 2515.00								

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 2516.00								
CT 2517.00								
CT 2518.00								
CT 2519.00								
CT 2520.00								
CT 2521.01								
CT 2521.02								
CT 2522.01								
CT 2522.02								
CT 8313.00								
CT 8314.00								
Cook County	031	West Ridge Service Area	07337	Medically Underserved Area	Medically Underserved Area	61.50	05/22/2003	05/22/2003
CT 0201.00								
CT 0202.00								
CT 0203.01								
CT 0203.02								
CT 0204.00								
Cook County	031	Low Inc - Logan Square/ Hermosa	07486	Medically Underserved Population	MUP Low Income	61.70	06/27/2005	06/27/2005
CT 1605.01								
CT 1605.02								
CT 1606.01								
CT 1606.02								
CT 1607.00								
CT 1608.00								
CT 1901.00								
CT 1902.00								
CT 1906.01								
CT 1906.02								
CT 1907.01								
CT 1907.02								

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County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 1908.00								
CT 1909.00								
CT 1910.00								
CT 1911.00								
CT 1912.00								
CT 1913.01								
CT 1913.02								
CT 2001.00								
CT 2002.00								
CT 2003.00								
CT 2004.01								
CT 2004.02								
CT 2101.00								
CT 2104.00								
CT 2105.01								
CT 2105.02								
CT 2106.01								
CT 2106.02								
CT 2107.00								
CT 2108.00								
CT 2109.00								
CT 2203.00								
CT 2204.00								
CT 2205.00								
CT 2206.01								
CT 2206.02								
CT 2207.01								
CT 2207.02								
CT 2209.01								
CT 2209.02								
CT 2210.00								
CT 2211.00								
CT 2212.00								

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 2213.00								
CT 2214.00								
CT 2215.00								
CT 2225.00								
CT 2226.00								
CT 2227.00								
CT 2228.00								
CT 2229.00								
CT 8309.00								
CT 8311.00								
CT 8312.00								
CT 8315.00								
CT 8324.00								
Cook County	031	Low Inc - Arlington Heights	07553	Medically Underserved Population – Governor's Exception	MUP Low Income	68.40	02/13/2007	02/13/2007
MCD (57238) Palatine township								
MCD (81100) Wheeling township								
Cook County	031	Chicago Lawn, West Lawn, Ashburn	07679	Medically Underserved Population	MUP Low Income	61.70	08/28/2008	08/28/2008
CT 6501.00								
CT 6502.00								
CT 6503.01								
CT 6503.02								
CT 6504.00								
CT 6505.00								
CT 6603.01								
CT 6603.02								
CT 6604.00								
CT 6605.00								
CT 6606.00								

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 6607.00								
CT 6608.00								
CT 6609.00								
CT 6610.00								
CT 6611.00								
CT 7001.00								
CT 7002.00								
CT 7003.01								
CT 7003.02								
CT 7004.01								
CT 7004.02								
CT 7005.01								
CT 7005.02								
CT 8350.00								
Cook County	031	Low Inc-Skokie	07886	Medically Underserved Population	MUP Low Income	61.00	09/24/2012	09/24/2012

MCD (53013) Niles township

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Printed on: 9/29/2017

State: Illinois
County: Cook County
MUA ID: All

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Cook County	031	Rogers Park Service Area	00522	Medically Underserved Area	Medically Underserved Area	61.20	06/10/1999	06/10/1999
CT 0101.00 CT 0102.01 CT 0102.02 CT 0103.00 CT 0104.00 CT 0105.01 CT 0105.02 CT 0105.03 CT 0106.00 CT 0107.01 CT 0107.02 CT 8306.00								
Cook County	031	Communities Asian-American Population	00801	Medically Underserved Population – Governor's Exception	MUP Other Population	0.00	03/31/1988	03/31/1988
MCD (14000) Chicago city								
Cook County	031	Roseland Service Area	00802	Medically Underserved Area	Medically Underserved Area	46.90	10/23/1995	10/23/1995
CT 4409.00 CT 4903.00 CT 4905.00 CT 4906.00 CT 4907.00 CT 4908.00 CT 4909.01 CT 4909.02								

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 4910.00 CT 4911.00 CT 4912.00 CT 4913.00 CT 4914.00 CT 8340.00								
Cook County	031	LeClaire Courts Service Area	00822	Medically Underserved Area	Medically Underserved Area	56.50	12/09/1992	02/01/1994
CT 5601.00 CT 5602.00 CT 5603.00 CT 5604.00								
Cook County	031	Cook Service Area	00826	Medically Underserved Area	Medically Underserved Area	48.50	08/13/1992	02/03/1994
CT 6103.00 CT 6104.00 CT 6108.00 CT 6110.00 CT 6111.00 CT 6112.00 CT 6113.00 CT 6114.00 CT 6116.00 CT 6117.00 CT 6118.00 CT 6119.00 CT 6120.00 CT 6121.00 CT 6301.00 CT 8426.00 CT 8438.00								
Cook County	031	Cook Service Area	00827	Medically Underserved Area	Medically Underserved Area	57.90	08/13/1992	02/03/1994

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 3102.00								
CT 3103.00								
CT 3104.00								
CT 3105.00								
CT 3106.00								
CT 3107.00								
CT 3108.00								
CT 3109.00								
CT 8412.00								
CT 8413.00								
CT 8432.00								
Cook County	031	Cook Service Area	00828	Medically Underserved Area	Medically Underserved Area	43.30	08/13/1992	02/03/1994
CT 3302.00								
CT 8410.00								
Cook County	031	Cook Service Area	00829	Medically Underserved Area	Medically Underserved Area	59.20	08/05/1992	02/03/1994
CT 3005.00								
CT 3006.00								
CT 3007.00								
CT 3008.00								
CT 3009.00								
CT 3011.00								
CT 3012.00								
CT 3016.00								
CT 3017.01								
CT 3017.02								
CT 3018.01								
CT 3018.02								
CT 3018.03								
CT 8305.00								
CT 8407.00								
CT 8408.00								

HRSA Data Warehouse

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 8417.00								
CT 8435.00								
Cook County	031	Robbins Service Area	00830	Medically Underserved Area	Medically Underserved Area	46.70	06/11/1992	02/03/1994
CT 8243.00								
CT 8244.00								
CT 8248.00								
Cook County	031	Harvey/Phoenix Service Area	00831	Medically Underserved Area	Medically Underserved Area	45.20	06/11/1992	02/03/1994
CT 8269.01								
CT 8269.02								
CT 8273.00								
CT 8274.00								
Cook County	031	Chicago Heights/Ford Heights Service Area	00832	Medically Underserved Area	Medically Underserved Area	45.00	06/11/1992	02/03/1994
CT 8289.00								
CT 8290.00								
CT 8291.00								
CT 8297.00								
Cook County	031	Cook Service Area	00835	Medically Underserved Area	Medically Underserved Area	36.70	06/04/1984	05/03/1994
CT 0803.00								
CT 0804.00								
CT 0810.00								
CT 0817.00								
CT 0818.00								
CT 0819.00								
CT 2402.00								
CT 2415.00								
CT 2416.00								
CT 8383.00								

HRSA Data Warehouse

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 8422.00								
CT 8423.00								
Cook County	031	Cook Service Area	00836	Medically Underserved Area	Medically Underserved Area	53.30	02/25/1983	05/03/1994
CT 4601.00								
CT 4602.00								
CT 4603.01								
CT 4603.02								
CT 4604.00								
CT 4605.00								
CT 4606.00								
CT 4607.00								
CT 4610.00								
CT 5101.00								
CT 5102.00								
CT 5103.00								
CT 5201.00								
CT 5202.00								
CT 5203.00								
CT 5204.00								
CT 5205.00								
CT 5206.00								
CT 8339.00								
CT 8388.00								
Cook County	031	Cook Service Area	00838	Medically Underserved Area	Medically Underserved Area	56.50	05/11/1994	05/11/1994
CT 0306.01								
CT 0306.03								
CT 0306.04								
CT 0307.01								
CT 0307.02								
CT 0307.03								
CT 0307.06								

HRSA Data Warehouse

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 0312.00 CT 0313.00 CT 0315.01 CT 0315.02 CT 8307.00								
Cook County	031	Cook Service Area	00839	Medically Underserved Area	Medically Underserved Area	56.20	05/11/1994	05/11/1994
CT 2405.00 CT 2410.00 CT 2412.00 CT 2413.00 CT 2414.00								
Cook County	031	Cook Service Area	00840	Medically Underserved Area	Medically Underserved Area	56.40	05/11/1994	05/11/1994
CT 2434.00 CT 8423.00								
Cook County	031	Cook Service Area	00841	Medically Underserved Area	Medically Underserved Area	54.50	05/11/1994	05/11/1994
CT 2601.00 CT 2602.00 CT 2608.00 CT 2609.00 CT 2705.00 CT 2712.00 CT 2713.00 CT 2714.00 CT 2715.00 CT 2718.00 CT 2804.00 CT 2808.00 CT 2809.00 CT 2819.00 CT 2832.00								

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 2838.00								
CT 2909.00								
CT 2912.00								
CT 2922.00								
CT 8330.00								
CT 8331.00								
CT 8368.00								
CT 8370.00								
CT 8373.00								
CT 8374.00								
CT 8378.00								
CT 8380.00								
CT 8381.00								
CT 8382.00								
CT 8386.00								
CT 8387.00								
CT 8414.00								
CT 8415.00								
CT 8419.00								
CT 8429.00								
CT 8430.00								
CT 8431.00								
Cook County	031	Cook Service Area 00842		Medically Underserved Area	Medically Underserved Area	51.70	05/11/1994	05/11/1994
CT 3405.00								
CT 3406.00								
CT 3504.00								
CT 3511.00								
CT 3514.00								
CT 3515.00								
CT 8395.00								
CT 8396.00								
CT 8420.00								

HRSA Data Warehouse

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Cook County	031	Cook Service Area	00843	Medically Underserved Area	Medically Underserved Area	52.60	05/11/1994	05/11/1994
CT 3602.00								
CT 3801.00								
CT 3802.00								
CT 3805.00								
CT 3807.00								
CT 3812.00								
CT 3814.00								
CT 3815.00								
CT 3817.00								
CT 3818.00								
CT 3819.00								
CT 3901.00								
CT 3902.00								
CT 3903.00								
CT 4003.00								
CT 8345.00								
CT 8355.00								
CT 8356.00								
CT 8357.00								
CT 8358.00								
CT 8359.00								
CT 8360.00								
CT 8361.00								
CT 8364.00								
CT 8365.00								
CT 8436.00								
Cook County	031	Cook Service Area	00844	Medically Underserved Area	Medically Underserved Area	54.60	05/11/1994	05/11/1994
CT 4109.00								
CT 4110.00								
CT 4201.00								

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 4202.00 CT 4203.00 CT 4204.00 CT 4208.00 CT 4212.00 CT 8344.00 CT 8362.00 CT 8439.00								
Cook County	031	Cook Service Area	00845	Medically Underserved Area	Medically Underserved Area	53.60	05/11/1994	05/11/1994
CT 4307.00 CT 4314.00								
Cook County	031	Cook Service Area	00846	Medically Underserved Area	Medically Underserved Area	55.80	05/18/1994	05/18/1994
CT 6809.00 CT 7101.00 CT 8346.00 CT 8347.00 CT 8348.00 CT 8425.00								
Cook County	031	Cook Service Area	00874	Medically Underserved Area	Medically Underserved Area	49.00	05/11/1994	05/11/1994
CT 0605.00								
Cook County	031	Cook Service Area	00875	Medically Underserved Area	Medically Underserved Area	55.10	05/11/1994	05/11/1994
CT 0609.00								
Cook County	031	Cook Service Area	00876	Medically Underserved Area	Medically Underserved Area	57.10	05/11/1994	05/11/1994
CT 0633.01 CT 0633.02 CT 0633.03								
Cook County	031	Cook Service Area	00877	Medically Underserved Area	Medically Underserved Area	57.10	05/11/1994	05/11/1994

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 0714.00								
Cook County	031	Cook Service Area	00878	Medically Underserved Area	Medically Underserved Area	55.80	05/11/1994	05/11/1994
CT 8326.00								
Cook County	031	Cook Service Area	00879	Medically Underserved Area	Medically Underserved Area	58.00	05/11/1994	05/11/1994
CT 8367.00								
Cook County	031	Cook Service Area	00880	Medically Underserved Area	Medically Underserved Area	58.00	05/11/1994	05/11/1994
CT 8314.00								
Cook County	031	Cook Service Area	00881	Medically Underserved Area	Medically Underserved Area	35.10	05/11/1994	05/11/1994
CT 8390.00								
CT 8391.00								
Cook County	031	Evanston Service Area	00883	Medically Underserved Area	Medically Underserved Area	60.00	05/18/1994	06/10/1999
CT 8094.00								
Cook County	031	Cook Service Area	00884	Medically Underserved Area	Medically Underserved Area	47.90	05/18/1994	05/18/1994
CT 8179.00								
Cook County	031	Riverdale Service Area	06126	Medically Underserved Area	Medically Underserved Area	52.30	05/27/1999	05/27/1999
CT 5401.01								
CT 5401.02								
CT 8215.00								
CT 8264.01								
CT 8264.02								
CT 8265.00								
CT 8266.00								
CT 8267.00								
Cook County	031	Summit	06219	Medically Underserved Area	Medically Underserved Area	54.60	05/24/2001	05/24/2001
CT 8203.00								

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 8204.00 CT 8205.01 CT 8205.02								
Cook County	031	Maywood	06220	Medically Underserved Area	Medically Underserved Area	59.50	05/25/2001	05/25/2001
CT 8172.00 CT 8173.00 CT 8175.00								
Cook County	031	Low Inc - Cicero Service Area	07058	Medically Underserved Populatioa	MUP Low Income	60.30	06/10/1999	06/10/1999
CT 8136.00 CT 8137.01 CT 8137.02 CT 8138.01 CT 8138.02 CT 8139.00 CT 8141.00 CT 8142.00								
Cook County	031	Low Inc - Melrose Park/ Maywood Sa	07155	Medically Underserved Populatioa	MUP Low Income	61.10	02/27/2002	02/27/2002
CT 8113.02 CT 8162.00 CT 8163.00 CT 8164.01 CT 8164.02 CT 8165.00 CT 8174.00								
Cook County	031	Kenwood Area	07176	Medically Underserved Area	Medically Underserved Area	57.10	04/04/2002	04/04/2002
CT 3904.00 CT 3905.00								

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County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Cook County	031	Des Plaines Service Area	07304	Medically Underserved Area	Medically Underserved Area	61.40	02/28/2003	02/28/2003
CT 7706.01								
CT 7706.02								
CT 8049.02								
CT 8059.01								
CT 8061.02								
CT 8062.01								
CT 8062.02								
CT 8063.00								
Cook County	031	Low Inc - Blue Island	07308	Medically Underserved Population	MUP Low Income	61.60	02/28/2003	02/28/2003
CT 8212.00								
CT 8213.00								
CT 8234.00								
CT 8235.00								
CT 8236.03								
CT 8268.00								
Cook County	031	West Ridge Service Area	07316	Medically Underserved Area	Medically Underserved Area	59.80	03/13/2003	03/13/2003
CT 0205.00								
CT 0206.01								
CT 0206.02								
CT 0207.01								
CT 0207.02								
CT 0208.01								
CT 0208.02								
CT 0209.01								
CT 0209.02								
Cook County	031	Low Inc - Calumet City	07321	Medically Underserved Population	MUP Low Income	59.10	04/04/2003	04/04/2003

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 8258.01								
CT 8258.02								
CT 8258.03								
CT 8259.00								
CT 8260.00								
CT 8261.00								
CT 8262.01								
CT 8262.02								
Cook County	031	Brighton Park / Gage Park Service Area	07323	Medically Underserved Area	Medically Underserved Area	61.60	04/07/2003	01/12/2011
CT 8351.00								
CT 8428.00								
Cook County	031	Humboldt Park Service Area	07335	Medically Underserved Area	Medically Underserved Area	60.70	05/14/2003	05/14/2003
CT 2312.00								
CT 2315.00								
CT 8366.00								
CT 8421.00								
Cook County	031	Austin Community Service Area	07336	Medically Underserved Area	Medically Underserved Area	51.00	05/22/2003	05/22/2003
CT 2502.00								
CT 2503.00								
CT 2504.00								
CT 2506.00								
CT 2507.00								
CT 2508.00								
CT 2510.00								
CT 2511.00								
CT 2512.00								
CT 2513.00								
CT 2514.00								
CT 2515.00								

HRSA Data Warehouse

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 2516.00								
CT 2517.00								
CT 2518.00								
CT 2519.00								
CT 2520.00								
CT 2521.01								
CT 2521.02								
CT 2522.01								
CT 2522.02								
CT 8313.00								
CT 8314.00								
Cook County	031	West Ridge Service Area	07337	Medically Underserved Area	Medically Underserved Area	61.50	05/22/2003	05/22/2003
CT 0201.00								
CT 0202.00								
CT 0203.01								
CT 0203.02								
CT 0204.00								
Cook County	031	Low Inc - Logan Square/ Hermosa	07486	Medically Underserved Population	MUP Low Income	61.70	06/27/2005	06/27/2005
CT 1605.01								
CT 1605.02								
CT 1606.01								
CT 1606.02								
CT 1607.00								
CT 1608.00								
CT 1901.00								
CT 1902.00								
CT 1906.01								
CT 1906.02								
CT 1907.01								
CT 1907.02								

HRSA Data Warehouse

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 1908.00								
CT 1909.00								
CT 1910.00								
CT 1911.00								
CT 1912.00								
CT 1913.01								
CT 1913.02								
CT 2001.00								
CT 2002.00								
CT 2003.00								
CT 2004.01								
CT 2004.02								
CT 2101.00								
CT 2104.00								
CT 2105.01								
CT 2105.02								
CT 2106.01								
CT 2106.02								
CT 2107.00								
CT 2108.00								
CT 2109.00								
CT 2203.00								
CT 2204.00								
CT 2205.00								
CT 2206.01								
CT 2206.02								
CT 2207.01								
CT 2207.02								
CT 2209.01								
CT 2209.02								
CT 2210.00								
CT 2211.00								
CT 2212.00								

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 2213.00 CT 2214.00 CT 2215.00 CT 2225.00 CT 2226.00 CT 2227.00 CT 2228.00 CT 2229.00 CT 8309.00 CT 8311.00 CT 8312.00 CT 8315.00 CT 8324.00								
Cook County	031	Low Inc - Arlington Heights	07553	Medically Underserved Population – Governor's Exception	MUP Low Income	68.40	02/13/2007	02/13/2007
MCD (57238) Palatine township MCD (81100) Wheeling township								
Cook County	031	Chicago Lawn, West Lawn, Ashburn	07679	Medically Underserved Population	MUP Low Income	61.70	08/28/2008	08/28/2008
CT 6501.00 CT 6502.00 CT 6503.01 CT 6503.02 CT 6504.00 CT 6505.00 CT 6603.01 CT 6603.02 CT 6604.00 CT 6605.00 CT 6606.00								

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 6607.00								
CT 6608.00								
CT 6609.00								
CT 6610.00								
CT 6611.00								
CT 7001.00								
CT 7002.00								
CT 7003.01								
CT 7003.02								
CT 7004.01								
CT 7004.02								
CT 7005.01								
CT 7005.02								
CT 8350.00								
Cook County	031	Low Inc-Skokie	07886	Medically Underserved Population	MUP Low Income	61.00	09/24/2012	09/24/2012
MCD (53013) Niles township								

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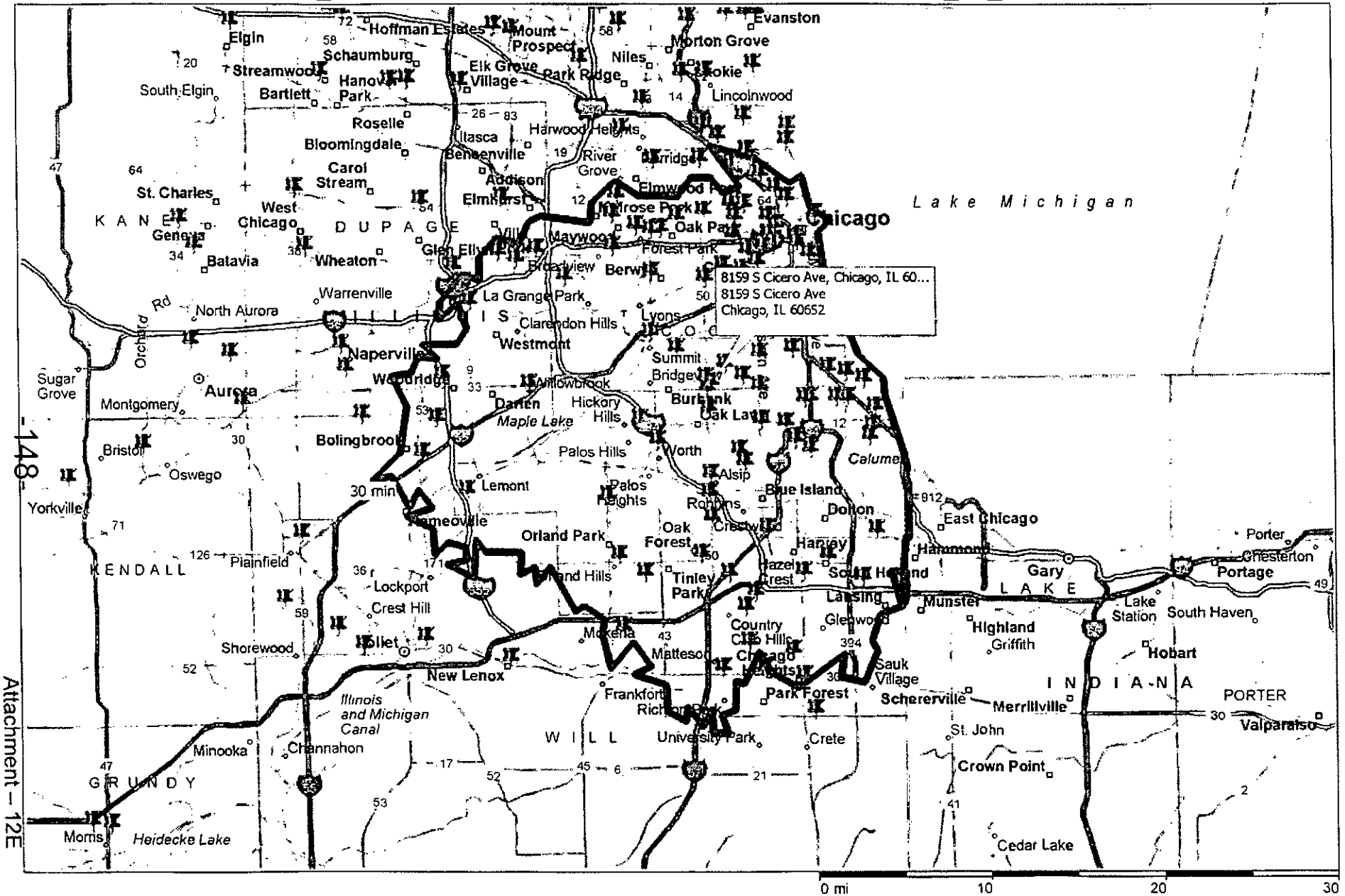
Printed on: 9/29/2017

8159_S_Cicero_Ave_Chicago_IL_60652_(Ford_City_Dialysis)_30_Min_GSA



Section III, Background, Purpose of the Project, and Alternatives
Criterion 1110.230(c) – Background, Purpose of the Project, and Alternatives

Alternatives

The Applicants considered three options prior to determining to establish a 12-station dialysis facility. The options considered are as follows:

1. Maintain the Status Quo/Do Nothing

2. Utilize Existing Facilities.

3. Establish a new facility.

After exploring these options, which are discussed in more detail below, the Applicants determined to establish a 12-station dialysis facility. A review of each of the options considered and the reasons they were rejected follows.

Maintain the Status Quo/Do Nothing

The Applicants considered the option not to do anything. The proposed Ford City Dialysis GSA is an economically disadvantaged predominantly Hispanic area on the south side of Chicago. The community is nearly 50% Hispanic and 11% African-American. 22% of the population lives below the Federal Poverty Level and 39% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). Further, Ashburn Park, where the proposed Ford City Dialysis will be located, is a HRSA designated primary care HPSA and a MUA.

As described in the Purpose of Project section the incidence of ESRD in Hispanics and African-Americans is higher than in the general population.[11]

Given these socioeconomic factors, readily accessible dialysis services are imperative for the health of the residents living on the south side of Chicago. There are 25 existing or approved dialysis facilities within 30 minutes of the proposed Ford City Dialysis (the "Ford City GSA"). Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 82.58%, which exceeds the HFSRB utilization standard of 80%. Further, over the past three years, patient census at the existing facilities has increased approximately 6% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[12] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[13] more

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11 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem*, Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

12 According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

13 In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years

There is no capital cost with this alternative.

Utilize Existing Facilities

DaVita considered utilizing existing facilities within the Ford City Dialysis GSA; however, due to the dramatic growth in the need for dialysis services in this community, the existing facilities will not be able to accommodate Dr. Arvan's projected referrals.. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients who were separately identified by their treating physician, average utilization of area dialysis facilities is 82.58%, which exceeds the HFSRB's utilization standard of 80%. Further, over the past three years, patient census at the existing facilities has increased approximately 6% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[14] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[15] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Michael Arvan, M.D. with J. R. Nephrology & Associates, S.C. is currently treating 135 CKD patients, who reside within either the ZIP code of the proposed Ford City Dialysis (60652) or 6 other nearby ZIP codes, all within 6 miles of the proposed Ford City Dialysis GSA. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Arvan anticipates that at least 61 of these 135 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Arvan's projected ESRD patients.

Finally, June 2017 data from the Renal Network supports the need for additional stations in Chicago. According to the Renal Network data 2,621 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. These facilities will not have adequate capacity to treat Dr. Arvan's projected patients. As a result, DaVita rejected this option.

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[14] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

[15] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

There is no capital cost with this alternative.

Facility of Lesser or Greater Scope

The Applicants considered establishing a facility of lesser or greater scope. The proposed Ford City Dialysis is located within the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). The proposed facility complies with the HFSRB requirement for the minimum number of stations for a facility located within an MSA. Accordingly a facility of lesser scope was rejected.

As previously noted, new facilities in the Ford City GSA recently came online or are projected to come online within the next year. Each of these facilities will serve a separate patient base and are projected to reach 80% occupancy within 2 years of project completion, and the Applicants do not want to create unnecessary duplication within the Ford City GSA. This project was narrowly tailored to serve ESRD patients on the south side of Chicago without adversely affecting existing or approved facilities. Accordingly, a facility of greater scope was rejected.

Establish a New Facility

As noted above, there are 25 dialysis facilities within 30 minutes of the Ford City GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 82.58%, which exceeds the HFSRB's utilization standard of 80%.

The proposed Ford City Dialysis GSA is an economically disadvantaged predominantly Hispanic and African-American area on the south side of the City of Chicago where there is a need for an additional 87 hemodialysis stations. The community is nearly 50% Hispanic and 11% African-American. 22% of the population lives below the Federal Poverty Level and 39% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). Further, Ashburn Park, where the proposed Ford City Dialysis will be located, is a HRSA designated primary care HPSA and a MUA.

Given these socioeconomic factors and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD, patient growth is anticipated to continue to increase for the foreseeable future. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[16] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[17] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Michael Arvan, M.D. with J. R. Nephrology & Associates, S.C. is currently treating 135 CKD patients, who reside within either the ZIP code of the proposed Ford City Dialysis (60652) or 6 other nearby

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[16] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

[17] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

ZIP codes, all within 6 miles of the proposed Ford City Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Arvan anticipates that at least 61 of these 135 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Arvan's projected ESRD patients.

Finally, June 2017 data from the Renal Network supports the need for additional stations in Chicago. According to the Renal Network data 2,621 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion.

The proposed Ford City Dialysis is needed to ensure ESRD patients on the south side of Chicago have adequate access to dialysis services that are essential to their well-being. As a result, DaVita chose this option.

The cost of this alternative is **$3,533,281**.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(a), Size of the Project

The Applicants propose to establish a 12-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 360-520 gross square feet per dialysis station for a total of 4,320 – 6,240 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Ford City Dialysis is 4,390 of clinical gross square feet (or 365.83 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
ESRD	4,390	4,320 – 6,240	N/A	Meets State Standard

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(b), Project Services Utilization

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. The practice of Dr. Arvan is currently treating 135 selected CKD patients who all reside within 6 miles of the proposed Ford City Dialysis, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation of patients outside the Ford City GSA, it is estimated that 61 of these patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

Table 1110.234(b)
Utilization

	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	9,516	8,986	Yes

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(c), Unfinished or Shell Space

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(d), Assurances

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

The purpose of the project is to improve access to life sustaining dialysis services to the residents south side of Chicago. The GSA of the proposed Ford City Dialysis is an economically disadvantaged predominantly Hispanic area on the south side of Chicago. The community is nearly 50% Hispanic with 22% of the population living below the Federal Poverty Level. Importantly, 39% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). Further, Ashburn Park, where the proposed Ford City Dialysis will be located, is a Health Resources & Services Administration ("HRSA") designated primary care HPSA and a MUA.

The incidence of ESRD in Hispanics is higher than non-Hispanic population. The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population, and the ESRD incidence rate among African-Americans is 3.7 times greater than Caucasians. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanics. Access to health care, quality of care, and barriers due to language, health literacy and acculturation also play a role.[18]

Given these socioeconomic factors, readily accessible dialysis services are imperative for the health of the residents living on the south side of Chicago. There are 25 existing or approved dialysis facilities within 30 minutes of the proposed Ford City Dialysis GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 82.58%, which exceeds the HFSRB's utilization standard of 80%. Further, over the past three years, patient census at the existing facilities has increased approximately 6% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[19] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[20] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years. Michael Arvan, M.D. with J. R. Nephrology & Associates, S.C. is currently treating 135 CKD patients, who reside within either the ZIP code of the proposed Ford City Dialysis (60652) or 6 other nearby ZIP codes, all within 6 miles of the proposed Ford City Dialysis.

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18 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

19 According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

20 In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Arvan anticipates that at least 61 of these 135 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Arvan's projected ESRD patients.

Based on June 2017 data from the Renal Network, 2,621 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. The proposed Ford City Dialysis is needed to ensure ESRD patients on the south side of Chicago have adequate access to dialysis services that are essential to their well-being.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents of the south side of the City Chicago, Illinois where there is a need for 87 additional hemodialysis stations. As evidenced in the physician referral letter attached at Appendix - 1, 135 pre-ESRD patients reside within either the ZIP code of the proposed Ford City Dialysis (60652) or 6 other nearby ZIP codes. All 135 pre-ESRD patients reside within 6 miles of the proposed facility.

3. Service Demand

Attached at Appendix - 1 is a physician referral letter from Dr. Arvan and a schedule of pre-ESRD and current patients by zip code. A summary of CKD patients projected to be referred to the proposed dialysis facility within the first two years after project completion is provided in Table 1110.1430(b)(3)(B) below.

Table 1110.1430(c)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code

Zip Code	Total Patients
60652	37
60456	2
60805	17
60459	31
60655	22
60638	20
60632	6
Total	**135**

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of the south side of Chicago, Illinois and the surrounding area. There are 25 dialysis facilities within the Ford City GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 82.58%, which exceeds the HFSRB's utilization standard of 80%.

The proposed Ford City Dialysis GSA is an economically disadvantaged predominantly Hispanic area on the south side of Chicago. The community is nearly 50% Hispanic and 11% African-American. 22% of the population lives below the Federal Poverty Level and 39% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). Further, Ashburn Park, where the proposed Ford City Dialysis will be located, is a HRSA designated primary care HPSA and a MUA.

The incidence of ESRD in the Hispanic and African-American population is higher than in the general Hispanic population. The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population, and the ESRD incidence rate among African-Americans is 3.7 times greater than Caucasians. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanics. Access to health care, quality of care, and barriers due to language, health literacy and acculturation also play a role.[21]

Given these socioeconomic factors and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD, patient growth is anticipated to continue for the foreseeable future. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[22] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[23] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Michael Arvan, M.D. with J. R. Nephrology & Associates, S.C. is currently treating 135 CKD patients, who reside within either the ZIP code of the proposed Ford City Dialysis (60652) or 6 other nearby ZIP codes, all within 6 miles of the proposed Ford City Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Arvan anticipates that at least 61 of these 135 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Arvan's projected ESRD patients.

Finally, June 2017 data from the Renal Network supports the need for additional stations in Chicago. According to the Renal Network data 2,621 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of

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21 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

22 According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

23 In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

project completion. The proposed Ford City Dialysis is needed to ensure ESRD patients on the south side of Chicago have adequate access to dialysis services that are essential to their well-being.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(c); Unnecessary Duplication/Maldistribution

1. Unnecessary Duplication of Services

a. The proposed dialysis facility will be located at 8159 South Cicero Avenue, Chicago, Illinois 60652. A map of the proposed facility's market area is attached at Attachment – 24A. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A)
Population of Zip Codes within
30 Minutes of Proposed Facility

ZIP Code	City	Population
60406	BLUE ISLAND	25,460
60415	CHICAGD RIDGE	14,139
60445	MIDLOTHIAN	26,057
60453	OAK LAWN	56,855
60455	BRIDGEVIEW	16,446
60456	HOMETOWN	4,349
60457	HICKORY HILLS	14,049
60458	JUSTICE	14,428
60459	BURBANK	28,929
60463	PALOS HEIGHTS	14,671
60472	ROBBINS	5,390
60480	WILLOW SPRINGS	5,246
60482	WORTH	11,063
60501	SUMMIT ARGO	11,626
60609	CHICAGO	64,906
60619	CHICAGO	63,825
60620	CHICAGO	72,216
60621	CHICAGO	35,912
60629	CHICAGO	113,916
60632	CHICAGO	91,326
60636	CHICAGO	40,916
60638	CHICAGO	55,026
60643	CHICAGO	49,952
60652	CHICAGO	40,959
60655	CHICAGO	28,550
60803	ALSIP	22,285
60805	EVERGREEN PARK	19,852
Total		**948,349**

Source: U.S. Census Bureau, Census 2010, American Factfinder *available at* http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk (last visited August 17, 2017).

b. A list of existing and approved dialysis facilities located within 30 minutes normal travel time of the proposed dialysis facility is provided at Attachment – 24B.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the HFSRB's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the average utilization of existing dialysis facilities that have been operational for at least 2 years within the GSA is 83.33% as of March 31, 2017, which exceeds the HFSRB's utilization standard of 80%. Sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(d)(2)(A), the ratio of stations to population is 132% of the State Average.

Table 1110.1430(d)(2)(A)
Ratio of Stations to Population

	Population	Stations	Stations to Population	Standard Met
Ford City GSA	948,349	451	1:2,103	Yes
Illinois	12,830,632	4,613	1:2,781	

b. Historic Utilization of Existing Facilities

There are 25 dialysis facilities within the Ford City GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 82.58%, which exceeds the HFSRB's utilization standard of 80%. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[24] and 1.5 million Medicaid beneficiaries transition from traditional fee for

[24] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

service Medicaid to Medicaid managed care,[25] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

The in-center hemodialysis facilities approved by the HFSRB within the last 3.5 years are either in development or operational less than two years. Each facility will serve a distinct patient base within the greater Chicago area. Further, as stated in the physician referral letters for these facilities, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the proposed Ford City Dialysis will not adversely affect the recently approved facilities.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 patient referrals. Michael Arvan, M.D. with J. R. Nephrology & Associates, S.C. is currently treating 135 CKD patients, who reside within either the ZIP code of the proposed Ford City Dialysis (60652) or 6 other nearby ZIP codes, all within 6 miles of the proposed Ford City Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Arvan anticipates that at least 61 of these 135 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

a. The proposed dialysis facility will not have an adverse impact on existing facilities in the Ford City GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 82.58%, which exceeds the HFSRB's utilization standard of 80%. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[26] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[27] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued

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[25] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

[26] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

[27] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Further, the in-center hemodialysis facilities approved by the HFSRB within the last 3.5 years are either in development or operational less than two years. Each facility will serve a distinct patient base within the greater Chicago area. As stated in the physician referral letters for these facilities, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the proposed Ford City Dialysis will not adversely impact existing facilities in the Ford City GSA.

b. The proposed dialysis facility will not lower the utilization of other area facilities that are currently operating below HFSRB standards. As noted above, there are 25 dialysis facilities within the Ford City GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 82.58%, which exceeds the HFSRB's utilization standard of 80%. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[28] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[29] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Further, the in-center hemodialysis facilities approved by the HFSRB within the last 3.5 years are either in development or operational less than two years. Each facility will serve a distinct patient base within the greater Chicago area. As stated in the physician referral letters for these facilities, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the proposed Ford City Dialysis will not lower the utilization of other area facilities that are currently operating below HFSRB standards.

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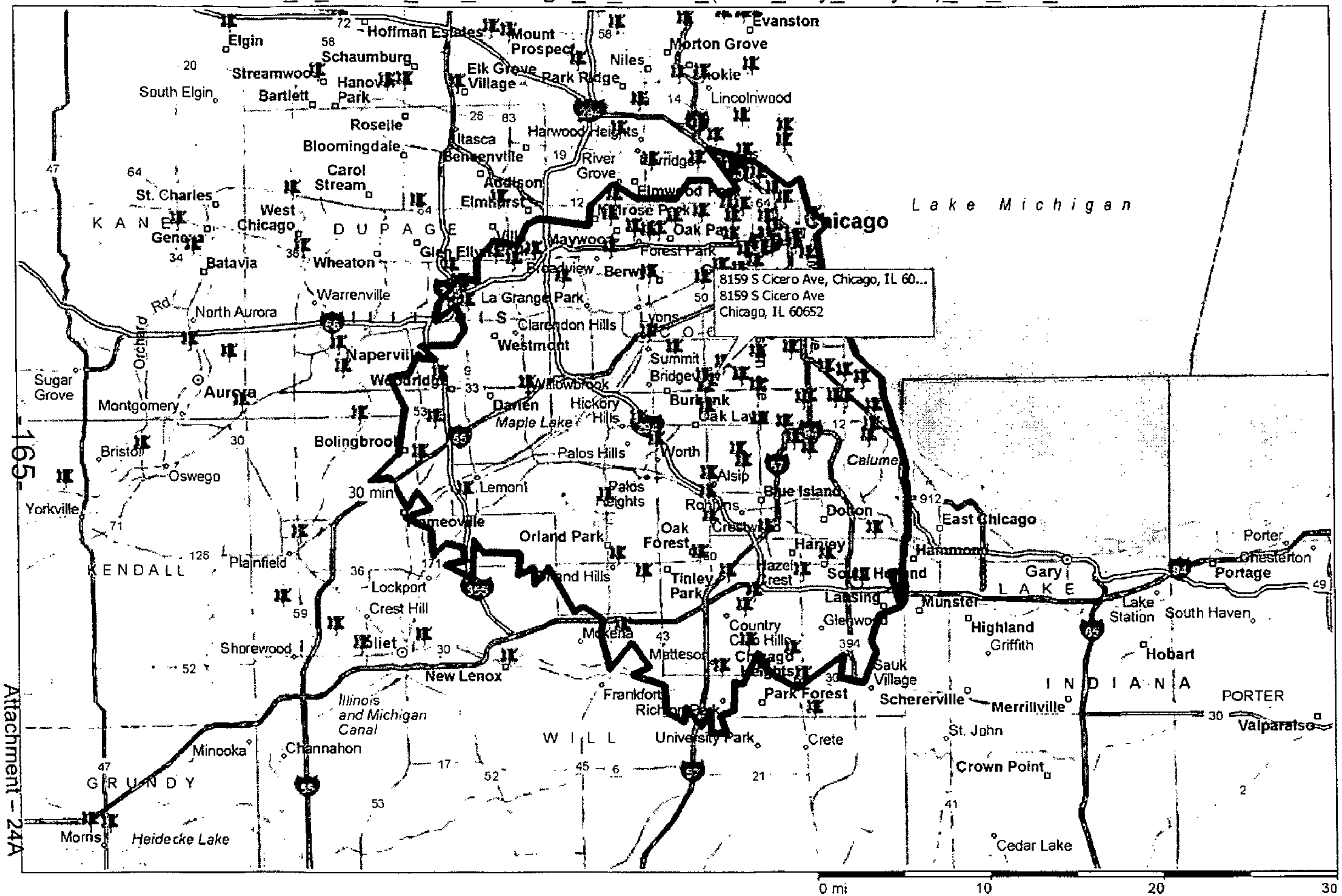
[28] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

[29] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

8159_S_Cicero_Ave_Chicago_IL_60652_(Ford_City_Dialysis)_30_Min_GSA



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Attachment – 24A

Facility	Ownership	Address	City	Distance	Drive Time	Adjusted Drive Time	Number of Stations 06/30/17	Number Patients 6/30/17	Utilization % 6/30/2017
Palos Park Dialysis	Davita	13155 S. LaGrange Road	Orland Park	10.1	23	28.75	12	58	80.56%
Concerto Dialysis		14255 S. Cicero Ave.	Crestwood	7.7	22	27.5	9	19	35.19%
Dialysis Center of America - Crestwood	Fresenius	4861-73 West Cal Sag Road	Crestwood	6.4	18	22.5	24	101	70.14%
US Renal Care Hickory Hills	USRC	9640 S. Roberts Road	Hickory Hills	5.8	20	25	13	0	0.00%
Fresenius Medical Care Summit	Fresenius	7319 Archer Avenue	Summit	7	19	23.75	12	14	19.44%
DaVita Chicago Ridge Dialysis	Davita	10511 South Harlem Avenue	Chicago Ridge	5.9	17	21.25	16	42	43.75%
Alsip Dialysis Center	Fresenius	12250 S. Cicero, Suite 105	Alsip	5.2	16	20	20	88	73.33%
Dialysis Care Center of Oak Lawn		9115 S. Cicero Ave, Ste 300	Oak Lawn	1.2	2	2.5	11	0	0.00%
Stoney Creek Dialysis	Davita	6236 West 95th Street	Oak Lawn	3.8	9	11.25	14	76	90.48%
Fresenius Medical Care - Midway	Fresenius	6201 W. 63rd Street	Chicago	4.4	16	20	12	66	91.67%
FMC Dialysis Services - Burbank	Fresenius	4811 W. 77th Street	Burbank	1.1	3	3.75	26	124	79.49%
USRC Scottsdale	USRC	4651 West 79th Street	Chicago	0.09	2	2.5	36	140	64.81%
West Lawn Dialysis	Davita	7000 S. Pulaski Road	Chicago	2.7	7	8.75	12	65	90.28%
Fresenius Medical Care Merrionette Park	Fresenius	11650 S. Kedzie Avenue	Merrionette Park	6.4	17	21.25	24	143	99.31%
Mount Greenwood Dialysis	Davita	3401 W. 111th Street	Chicago	6.4	16	20	16	105	109.38%
Fresenius Medical Care Evergreen Park*	Fresenius	9730 South Western Avenue	Evergreen Park	5.2	16	20	30	0	0.00%
Beverly Dialysis	Davita	8111 South Western Avenue	Chicago	3.6	10	12.5	16	96	100.00%
DaVita Washington Heights	Davita	10620 South Halsted	Chicago	8.3	24	30	16	0	0.00%
Fresenius Medical Care Beverly Ridge	Fresenius	9914 South Vincennes	Chicago	6.8	21	26.25	16	0	0.00%
Fresenius Medical Care Chatham	Fresenius	8315-8331 S. Holland	Chicago	6.2	19	23.75	16	91	94.79%
South Side Dialysis Center	Fresenius	7721 South Western Avenue	Chicago	2.7	7	8.75	39	203	86.75%
Fresenius Medical Care Marquette Park	Fresenius	2534 West 69th Street	Chicago	4.8	20	25	16	88	91.67%
Brighton Park	Davita	4729 South California Avenue	Chicago	6.8	21	26.25	16	0	0.00%
USRC West Chicago	USRC	112 West 87th Street	Chicago	6.6	20	25	13	0	0.00%
Fresenius Medical Care Cicero	Fresenius	3000 South Cicero Avenue	Cicero	6.8	23	28.75	16	63	65.63%
Total							451	1582	58.46%
Less: Facilities Operational < 2 Years							308	1526	82.58%

*FMC Evergreen Park closed July 22, 2016 due to court ordered condemnation of the parking structure and is not included in the adjusted utilization of existing facilities

Attachment – 24B

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(e), Staffing

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.

    a. Medical Director: Michael Arvan, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Arvan's curriculum vitae is attached at Attachment – 24C.

    b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

    Administrator (0.99 FTE)
    Registered Nurse (4.24 FTE)
    Patient Care Technician (3.90 FTE)
    Biomedical Technician (0.29 FTE)
    Social Worker (0.52 FTE)
    Registered Dietitian (0.52 FTE)
    Administrative Assistant (0.75 FTE)

    As patient volume increases, nursing and patient care technician staffing will increase accordingly to maintain a ratio of at least one direct patient care provider for every 4 ESRD patients. At least one registered nurse will be on duty while the facility is in operation.

    c. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 24D.

    d. As set forth in the letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. and Total Renal Care, Inc., attached at Attachment – 24E, Ford City Dialysis will maintain an open medical staff.

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EMPLOYMENT:	J. R. Nephrology & Associates, P.C. 4542 West 95th St. Oak Lawn, IL 60453 July 2003 – Present Partner
MEDICAL DIRECTORSHIP:	Davita Dialysis, Westlawn 7000 South Pulaski Rd. Chicago, IL 60629 April 2010 – Present
ACADEMIC APPOINTMENTS:	Clinical Instructor in the Section of Nephrology Department of Medicine University of Illinois at Chicago 840 South Wood St. Chicago, IL 60612 2010 – Present
AFFILIATED DIALYSIS UNITS:	Davita Dialysis, Westlawn 7000 South Pulaski Rd. Chicago, IL 60629 2010 – Present (medical director)
	Davita Dialysis, Beverly (previously, Diamond Dialysis of Beverly) Including Beverly At Home and Beverly Peritoneal Dialysis 8109 South Western Ave. Chicago, IL 60620 2003 – Present (medical directorship by JR Nephrology partner, Dr. James Rydel, MD)
	Davita Dialysis, Stony Creek (previously, Diamond Dialysis of Oak Lawn) 9115 South Cicero Ave. Oak Lawn, IL 60453 2005 – Present (medical directorship by JR Nephrology partner, Dr. James Rydel, MD)
	Davita Dialysis, Chicago Ridge* 10511 South Harlem Ave. Chicago Ridge, IL 60415 2015 – Present (medical directorship by JR Nephrology partner, Dr. Sreya Pallath, MD) (*Joint Venture Partnership between Davita, Dr.Pallath, and Dr.Arvan)

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AFFILIATED DIALYSIS UNITS: (continued)	Davita Dialysis, Woodridge At Home 7425 Janes Ave., Ste 103 Woodridge, IL 60517 2010 – Present
	FMC Crestwood 4861 West Cal Sag Rd. Crestwood, IL 60445 2003 – Present
	Concerto Dialysis of Crestwood (previously, Direct Dialysis) 14255 South Cicero Ave. Crestwood, IL 60445 2007 – Present
	Symphony of Crestwood Nursing Home (previously, Crestwood Care) 14255 South Cicero Ave. Crestwood, IL 60445 2007 – Present
AFFILIATED HOSPITALS:	Advocate Christ Hospital and Medical Center 4400 West 95th Street Oak Lawn, Illinois 60453 July 2003 – Present
	Little Company of Mary Hospital 2800 West 95th Street Evergreen Park, Illinois 60805 July 2003 – Present
FELLOWSHIP:	Rush University Medical Center Section of Nephrology Chicago, Illinois July 2001 – June 2003
RESIDENCY:	Rush University Medical Center Department of Internal Medicine Chicago, Illinois July 1998 – June 2001

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MEDICAL SCHOOL:

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(previously, Northeastern Ohio Universities College of Medicine)
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Rootstown, Ohio
July 1994 – May 1998

UNDERGRADUATE:

Kent State University
Bachelor of Sciences, Integrated Life Sciences (combined BS/MD program)
Kent, Ohio
June 1991 – May 1994

LICENSES AND CERTIFICATION:

Board Certified in Nephrology
American Board of Internal Medicine, August 2003.
Recertified in 2013. Expires December 31, 2023

Board Certified in Internal Medicine
American Board of Internal Medicine, August 2001.
Recertified in 2011. Expires December 31, 2021

Licensed Physician and Surgeon. State of Illinois. #036-103629.
Expires July 31, 2017.

ORGANIZATIONS:

American Society of Nephrology
Member, 2003-present.

Advocate Physician Partners
Member, 2003-present.

AWARDS AND RECOGNITION:

Advocate Physician Partners Exemplary Physician Award for Top Performance in Achieving Exceptional Clinical Intergration Outcomes.
2009, 2014

Michael E. Arvan, M.D.
1820 W. Erie Street
Chicago, Illinois 60622
708-612-9055
michaelarvan@hotmail.com

ACADEMIC ACTIVITIES:

Nephrology service teaching attending. Internal Medicine Residency Program.
Advocate Christ Hospital and Medical Center. One rotation per academic year.
July 2003 – Present.

Nephrology noon conference lecture series. Internal Medicine Residency Program.
Advocate Christ Hospital and Medical Center. Twice per academic year.
July 2003 – Present.

Family medicine lecture series. Family Medicine Residency Program.
Advocate Christ Hospital and Medical Center. Monthly – bimonthly lectures.
July 2005 – Present.

Chronic Kidney Disease and Anemia: Their Effect on the Heart. Community Lecture. Healthy Hearts Support Group Meeting. Outpatient CHF Clinic. Advocate Family Practice Center. June 24, 2008.

PUBLICATIONS AND RESEARCH:

Arvan, ME. Rodby, RA. Serum C-reactive protein levels are associated with Kt/V in hemodialysis. (abstract presented at the National Kidney Foundation clinical meeting. April 2-6, 2003).

Arvan, ME. Brodell, RT. A palpable clue to vasculitis [Review]. Postgraduate Medicine. March 1999. 105(3):229-32.

Evans, DM. Sloan-Stakleff, K. Arvan, M. Guyton, DP. Time and dose dependency of the suppression of pulmonary metastases of rat mammary cancer by amiloride. Clinical & Experimental Metastasis. May 1998. 16(4):353-7.

SKILLS AND INTERESTS:

Clinical nephrology, in the critical, acute, and chronic settings.
Inpatient dialysis and continuous renal replacement therapy.
Percutaneous kidney biopsy.
Outpatient in-center hemodialysis, home hemodialysis, and peritoneal dialysis.
Education of residents, medical students, and patients, in both inpatient and outpatient settings.
Topic interests include home hemodialysis, glomerulonephritis, atypical hemolytic uremic syndrome, kidney transplant, secondary and tertiary prevention in renal patients (specifically, anemia, arteriovenous access, hypertension, nutrition, and delaying the progression of chronic renal failure)

TITLE: BASIC TRAINING IN-CENTER HEMODIALYSIS PROGRAM OVERVIEW

Mission
DaVita's Basic Training Program for In-center Hemodialysis provides the instructional preparation and the tools to enable teammates to deliver quality patient care. Our core values of *service excellence, integrity, team, continuous improvement, accountability, fulfillment and fun* provide the framework for the Program. Compliance with State and Federal Regulations and the inclusion of DaVita's Policies and Procedures (P&P) were instrumental in the development of the program.

Explanation of Content
Two education programs for the new nurse or patient care technician (PCT) are detailed in this section. These include the training of new DaVita teammates **without** previous dialysis experience and the training of the new teammates **with** previous dialysis experience. A program description including specific objectives and content requirements is included.

This section is designed to provide a *quick reference* to program content and to provide access to key documents and forms.

The **Table of Contents** is as follows:

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TITLE: BASIC TRAINING FOR IN-CENTER HEMODIALYSIS PROGRAM DESCRIPTION

Introduction to Program

The Basic Training Program for In-center Hemodialysis is grounded in DaVita's Core Values. These core values include a commitment to providing *service excellence*, promoting *integrity*, practicing a *team* approach, systematically striving for *continuous improvement*, practicing *accountability*, and experiencing *fulfillment* and *fun*.

The Basic Training Program for In-center Hemodialysis is designed to provide the new teammate with the theoretical background and clinical skills necessary to function as a competent hemodialysis patient care provider.

DaVita hires both non-experienced and experienced teammates. Newly hired teammates must meet all applicable State requirements for education, training, credentialing, competency, standards of practice, certification, and licensure in the State in which he or she is employed. For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, DaVita will review the individual's military education and skills training, determine whether any of the military education or skills training is substantially equivalent to the Basic Training curriculum and award credit to the individual for any substantially equivalent military education or skills training.

A **non-experienced teammate** is defined as:

- A newly hired patient care teammate without prior in-center hemodialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.
- A newly hired or rehired patient care teammate with previous incenter hemodialysis experience who has not provided at least 3 months of hands on dialysis care to patients within the past 12 months.
- A DaVita patient care teammate with experience in a different treatment modality who transfers to in-center hemodialysis. Examples of different treatment modalities include acute dialysis, home hemodialysis, peritoneal dialysis, and pediatric dialysis.

An **experienced teammate** is defined as:

- A newly hired or rehired teammate who is either certified in hemodialysis under a State certification program or a national commercially available certification program, or can show proof of completing an in-center hemodialysis training program,
- And has provided at least 3 months of hands on in-center hemodialysis care to patients within the past 12 months.

Note:

Experienced teammates who are rehired outside of a 90 day window must complete the required training as outlined in this policy.

The curriculum of the Basic Training Program for In-center Hemodialysis is modeled after Federal Law and State Boards of Nursing requirements, the American Nephrology Nurses Association Core Curriculum for Nephrology Nursing, and the Board of Nephrology Examiners Nursing and Technology guidelines. The program also incorporates the policies, procedures, and guidelines of DaVita HealthCare Partners Inc.

"Day in the Life" is DaVita's learning portal with videos for RNs, LPN/LVNs and patient care technicians. The portal shows common tasks that are done throughout the workday and provides links to policies and procedures and other educational materials associated with these tasks thus increasing teammates' knowledge of all aspects of dialysis. It is designed to be used in conjunction with the "Basic Training Workbook."

Program Description

The education program for the newly hired patient care provider teammate **without prior dialysis experience** is composed of at least (1) 120 hours didactic instruction and a minimum of (2) 240 hours clinical practicum, unless otherwise specified by individual state regulations.

The **didactic phase** consists of instruction including but not limited to lectures, readings, self-study materials, on-line learning activities, specifically designed in-center hemodialysis workbooks for the teammate, demonstrations, and observations. This education may be coordinated by the Clinical Services Specialist (CSS), a nurse educator, the administrator, or the preceptor.

Within the clinic setting this training includes

- Principles of dialysis
- Water treatment and dialysate preparation
- Introduction to the dialysis delivery system and its components
- Care of patients with kidney failure, including assessment, data collection and interpersonal skills
- Dialysis procedures and documentation, including initiation, monitoring, and termination of dialysis
- Vascular access care including proper cannulation techniques
- Medication preparation and administration
- Laboratory specimen collection and processing
- Possible complications of dialysis
- Infection control and safety
- Dialyzer reprocessing, if applicable

The program also introduces the new teammate to DaVita Policies and Procedures (P&P), and the Core Curriculum for Dialysis Technicians.

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The **didactic phase** also includes classroom training with the CSS or nurse educator. Class builds upon the theory learned in the Workbooks and introduces the students to more advanced topics. These include:

- Acute Kidney Injury vs. Chronic Renal Failure
- Adequacy of Hemodialysis
- Complications of Hemodialysis
- Conflict Resolution
- Data Collection and Assessment
- Documentation & Flow Sheet Review
- Fluid Management
- Importance of P&P
- Infection Control
- Laboratory
- Manifestations of Chronic Renal Failure
- Motivational Interviewing
- Normal Kidney Function vs. Hemodialysis
- Patient Self-management
- Pharmacology
- Renal Nutrition
- Role of the Renal Social Worker
- Survey Savvy for Teammates
- The DaVita Quality Index
- The Hemodialysis Delivery System
- Vascular Access
- Water Treatment

Also included are workshops, role play, and instructional videos. Additional topics are included as per specific state regulations.

Theory class concludes with the *DaVita Basic Training Final Exam.* A comprehensive examination score of 80% (unless state requires a higher score) must be obtained to successfully complete this portion of the didactic phase.

The *DaVita Basic Training Final Exam* can be administered as a paper-based exam by the instructor in a classroom setting, or be completed online (DVU2069-EXAM) either in the classroom or in the facility. If the exam is completed in the facility, the new teammate's preceptor will proctor the online exam.

If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given. The second exam may be administered by the instructor in the classroom setting, or be completed online.

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Only the new teammate's manager will be able to enroll the new teammate in the online exam. The CSS or RN Trainer responsible for teaching Basic Training Class will communicate to the teammate's FA to enroll the teammate in DVU2069-EXAM. To protect the integrity of the online exam, the FA must enroll the teammate the same day he/she sits for the test and the exam must be proctored

Note:

- FA teammate enrollment in DVU2069-EXAM is limited to one time.

If the new teammate receives a score of less than 80% on the second attempt, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. If it is decided that the teammate should be allowed a third attempt to pass the exam, the teammate should receive appropriate remediation prior to enrollment in the online exam. The enrollment will be done by the Clinical Education and Training Team after submission of the completed form TR1-01-02C DVU2069-EXAM Enrollment Request. Enrollment will be communicated to the FA and the teammate should sit for the exam on the same day he/she is enrolled. The facility preceptor must proctor the exam.

Also included in the **didactic phase** is additional classroom training covering Health and Safety Training, systems/applications training, One For All orientation training, Compliance training, Diversity training, mandatory water classes, emergency procedures specific to facility, location of disaster supplies, and orientation to the facility.

The **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate a progression of skills required to perform the in-center hemodialysis procedures in a safe and effective manner. A *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training. The Basic Training Workbook for In-center Hemodialysis will also be utilized for this training and must be completed to the satisfaction of the preceptor and the registered nurse.

Those teammates who will be responsible for the Water Treatment System within the facility are required to complete the Mandatory Educational Water courses and the corresponding skills checklists.

Both the didactic phase and/or the clinical practicum phase will be successfully completed, along with completed and signed skills checklists, prior to the new teammate receiving an independent assignment. The new teammate is expected to attend all training sessions and complete all assignments and workbooks.

The education program for the newly hired patient care provider teammate **with previous dialysis experience** is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The new teammate will utilize the Basic

Training Workbook for In-center Hemodialysis and progress at his/her own pace under the guidance of the facility's preceptor. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level.

As with new teammates without previous experience, the **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate the skills required to perform the in-center hemodialysis procedures in a safe and effective manner and a *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training.

Ideally teammates with previous experience will also attend Basic Training Class, however, they may opt-out of class by successfully passing the *DaVita Basic Training Final Exam* with a score of 80% or higher. The new experienced teammate should complete all segments of the workbook including the recommended resources reading assignments to prepare for taking the *DaVita Basic Training Final Exam* as questions not only assess common knowledge related to the in-center hemodialysis treatment but also knowledge related to specific DaVita P&P, treatment outcome goals based on clinical initiatives and patient involvement in their care.

After the new teammate with experience has sufficiently prepared for the *DaVita Basic Training Final Exam*, the teammate's manager will enroll him/her in the online exam. To protect the integrity of the exam, the FA must enroll the teammate the same day he/she sits for the test and the exam must be proctored by the preceptor.

If the new teammate with experience receives a score of less than 80% on the *DaVita Basic Training Final Exam*, this teammate will be required to attend Basic Training Class. After conclusion of class, the teammate will then receive a second attempt to pass the Final Exam either as a paper-based exam or online as chosen by the Basic Training instructor and outlined in the section for inexperienced teammates of this policy.

If the new teammate receives a score of less than 80% on the second attempt, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. If it is decided that the teammate should be allowed a third attempt to pass the exam, the teammate should receive appropriate remediation prior to enrollment in the online exam. This enrollment will be done by the Clinical Education and Training Team after submission of the completed form TR1-01-02C DVU2069-EXAM Enrollment Request. Enrollment will be communicated to the FA and the teammate should sit for the exam on the same day he/she is enrolled. The facility preceptor must proctor the exam.

The **didactic phase** for nurses regardless of previous experience includes three days of additional classroom training and covers the following topics:

- Nephrology Nursing, Scope of Practice, Delegation and Supervision, Practicing according to P&P

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- Nephrology Nurse Leadership
- Impact – Role of the Nurse
- Care Planning including developing a POC exercise
- Achieving Adequacy with focus on assessment, intervention, available tools
- Interpreting laboratory Values and the role of the nurse
- Hepatitis B – surveillance, lab interpretation, follow up, vaccination schedules
- TB Infection Control for Nurses
- Anemia Management – ESA Hyporesponse: a StarLearning Course
- Survey Readiness
- CKD-MBD – Relationship with the Renal Dietitian
- Pharmacology for Nurses – video
- Workshop
    - Culture of Safety, Conducting a Homeroom Meeting
    - Nurse Responsibilities, Time Management
    - Communication – Meetings, SBAR (Situation, Background, Assessment, Recommendation)
    - Surfing the VillageWeb – Important sites and departments, finding information

Independent Care Assignments
Prior to the new teammate receiving an independent patient-care assignment, the Procedural Skills Verification Checklist must be completed and signed and a passing score of the DaVita Basic Training Final Exam must be achieved.
Note:
Completion of the skills checklist is indicated by the new teammate in the LMS (RN: SKLINV1000, PCT: SKLINV2000) and then verified by the FA.

Following completion of the training, a *Verification of Competency* form will be completed (see forms TR1-01-05, TR1-01-06). In addition to the above, further training and/or certification will be incorporated as applicable by state law.

The goal of the program is for the trainee to successfully meet all training requirements. Failure to meet this goal is cause for dismissal from the training program and subsequent termination by the facility.

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Process of Program Evaluation

The In-center Hemodialysis Education Program utilizes various evaluation tools to verify program effectiveness and completeness. Key evaluation tools include the DaVita Basic Training Class Evaluation (TR1-01-08A) and Basic Training Nursing Fundamentals Evaluation (TR1-0108B), the New Teammate Satisfaction Survey and random surveys of facility administrators to determine satisfaction of the training program. To assure continuous improvement within the education program, evaluation data is reviewed for trends, and program content is enhanced when applicable to meet specific needs.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(f), Support Services

Attached at Attachment – 24E is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. and Total Renal Care, Inc. attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification of Support Services

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1110.1430(g) that Ford City Dialysis will maintain an open medical staff.

I also certify the following with regard to needed support services:

- DaVita utilizes an electronic dialysis data system;
- Ford City Dialysis will have available all needed support services required by CMS which may consist of clinical laboratory services, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients, either directly or through other area DaVita facilities, will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal dialysis.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

Subscribed and sworn to me
This ___ day of _____, 2017

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On July 14, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal:

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Ltr to K.Olson re Cert. of Support Services (DaVita Inc. / Total Renal Care, Inc.)

Document Date: July 14, 2017 Number of Pages: 1 (one) (Ford City Dialysis)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. (Ford City Dialysis)

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(g), Minimum Number of Stations

The proposed dialysis facility will be located in the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 12-station dialysis facility. Accordingly, this criterion is met.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(h), Continuity of Care

DaVita Inc. has an agreement with Advocate Christ Hospital to provide inpatient care and other hospital services. Attached at Attachment – 24F is a copy of the service agreement with this area hospital.

TRANSFER AGREEMENT
BETWEEN
ADVOCATE HEALTH AND HOSPITALS CORPORATION
D/B/A ADVOCATE CHRIST MEDICAL CENTER
AND
TOTAL RENAL CARE, INC. D/B/A FORD CITY DIALYSIS

THIS AGREEMENT is entered into this 27 day of September, 2017, ("Effective Date") between ADVOCATE HEALTH AND HOSPITALS CORPORATION d/b/a ADVOCATE CHRIST MEDICAL CENTER, an Illinois not-for-profit corporation, hereinafter referred to as "HOSPITAL", and TOTAL RENAL CARE, INC. d/b/a FORD CITY DIALYSIS, hereinafter referred to as "FACILITY".

WHEREAS, HOSPITAL is licensed under Illinois law as an acute care hospital;

WHEREAS, FACILITY is certified to operate as an Illinois free-standing dialysis clinic owned and operated by FACILITY and, if required, as a properly licensed medical facility under state laws and regulations;

WHEREAS, HOSPITAL and FACILITY desire to cooperate in the transfer of patients between HOSPITAL and FACILITY, when and if such transfer may, from time to time be deemed necessary and requested by the respective patient's physician, to facilitate appropriate patient care;

WHEREAS, the parties mutually desire to enter into a transfer agreement to provide for the medically appropriate transfer or referral of patients from FACILITY to HOSPITAL, for the benefit of the community and in compliance with HHS regulations; and

WHEREAS, the parties desire to provide a full statement of their agreement in connection with the services to be provided hereunder.

NOW, THEREFORE, BE IT RESOLVED, that in consideration of the mutual covenants, obligations and agreements set forth herein, the parties agree as follows:

I. TERM

1.1 This Agreement shall be effective from the Effective Date, and shall remain in full force and effect for an initial term of one (1) year. **Thereafter, this Agreement shall be automatically extended for successive one (1) year periods unless terminated as hereinafter set forth. All the terms and provisions of this Agreement shall continue in full force and effect during the extension period(s).**

II. TERMINATION

2.1 Either party may terminate this Agreement, with or without cause upon thirty (30) days prior written notice to the other party. Additionally, this Agreement shall automatically terminate should either party fail to maintain the licensure or certification necessary to carry out the provisions of this Agreement.

III. OBLIGATIONS OF THE PARTIES

3.1 FACILITY agrees:

a. That FACILITY shall refer and transfer patients to HOSPITAL for medical treatment only when such transfer and referral has been determined to be medically appropriate by the patient's attending physician or, in the case of an emergency, the Medical Director for FACILITY, hereinafter referred to as the "Transferring Physician";

b. That the Transferring Physician shall contact HOSPITAL's Emergency Department Nursing Coordinator prior to transport, to verify the transport and acceptance of the emergency patient by HOSPITAL. The decision to accept the transfer of the emergency patient shall be made by HOSPITAL's Emergency Department physician, hereinafter referred to as the "Emergency Physician", based on consultation with the member of HOSPITAL's Medical Staff who will serve as the accepting attending physician, hereinafter referred to as the "Accepting Physician". In the case of the non-emergency patient, the Medical Staff attending physician will act as the Accepting Physician and must indicate acceptance of the patient. FACILITY agrees that HOSPITAL shall have the sole discretion to accept the transfer of patients pursuant to this Agreement subject to the availability of equipment and personnel at HOSPITAL. The Transferring Physician shall report all patient medical information which is necessary and pertinent for transport and acceptance of the patient by HOSPITAL to the Emergency Physician and/or Accepting Physician;

c. That FACILITY shall be responsible for effecting the transfer of all patients referred to HOSPITAL under the terms of this Agreement, including arranging for appropriate transportation, financial responsibility for the transfer in the event patient fails or is unable to pay, and care for the patient during the transfer. The Transferring Physician shall determine the appropriate level of patient care during transport in consultation with the Emergency Physician and/or Accepting Physician;

d. That pre-transfer treatment guidelines, if any, will be augmented by orders obtained from the Emergency Physician and/or Accepting Physician;

e. That, prior to patient transfer, the Transferring Physician is responsible for insuring that written, informed consent to transfer is obtained from the patient, the parent or legal guardian of a minor patient, or from the legal guardian or next-of-kin of a patient who is determined by the Transferring Physician to be unable to give informed consent to transfer;

f. To inform its patient of their responsibility to pay for all inpatient and outpatient services provided by ADVOCATE; and

g. To maintain and provide proof to HOSPITAL of professional and general liability insurance coverage in the amount of One Million Dollars ($1,000,000.00) per occurrence and Three Million Dollars ($3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

3.2 HOSPITAL agrees:

a. To accept and admit in a timely manner, subject to bed availability, FACILITY patients referred for medical treatment, as more fully described in Section 3.1, Subparagraphs a through g;

b. To accept patients from FACILITY in need of inpatient hospital care, when such transfer and referral has been determined to be medically appropriate by the patient's Transferring Physician at FACILITY;

c. That HOSPITAL will seek to facilitate referral of transfer patients to specific Accepting Physicians when this is requested by Transferring Physicians and/or transfer patients;

d. That HOSPITAL shall provide FACILITY patients with medically appropriate and available treatment provided that Accepting Physician and/or Emergency Physician writes appropriate orders for such services; and

e. To maintain professional and general liability insurance coverage in the amount of One Million Dollars ($1,000,000.00) per occurrence and Three Million Dollars ($3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

IV. GENERAL COVENANTS AND CONDITIONS

4.1 Release of Medical Information. In all cases of patients transferred for the purpose of receiving medical treatment under the terms of this Agreement, FACILITY shall insure that copies of the patient's medical records, including X-rays and reports of all diagnostic tests, accompany the patient to HOSPITAL, subject to the provisions of applicable State and Federal laws governing the confidentiality of such information. Information to be exchanged shall include any completed transfer and referral forms mutually agreed upon for the purpose of providing the medical and administrative information necessary to determine the appropriateness of treatment or placement, and to enable continuing care to be provided to the patient. The medical records in the care and custody of HOSPITAL and FACILITY shall remain the property of each respective institution.

4.2 Personal Effects. FACILITY shall be responsible for the security, accountability and appropriate disposition of the personal effects of patients prior to and during transfer to HOSPITAL. HOSPITAL shall be responsible for the security, accountability and appropriate disposition of the personal effects of transferred patients upon arrival of the patient at HOSPITAL.

4.3 Independent Contractor. Nothing contained in this Agreement shall constitute or be construed to create a partnership, joint venture, employment, or agency relationship between the parties and/or their respective successors and assigns, it being mutually understood and agreed that the parties shall provide the services and fulfill the obligations hereunder as independent contractors. Further, it is mutually understood and agreed that nothing in this Agreement shall in any way affect the independent operation of either HOSPITAL or FACILITY. The governing body of HOSPITAL and FACILITY shall have exclusive control of the management, assets, and affairs at their respective institutions. No party by virtue of this Agreement shall assume any liability for any debts or obligations of a financial or legal nature incurred by the other, and neither institution shall look to the other to pay for service rendered to a patient transferred by virtue of this Agreement.

4.4 Publicity and Advertising. Neither the name of HOSPITAL nor FACILITY shall be used for any form of publicity or advertising by the other without the express written consent of the other.

4.5 Cooperative Efforts. The parties agree to devote their best efforts to promoting cooperation and effective communication between the parties in the performance of services hereunder, to foster the prompt and effective evaluation, treatment and continuing care of recipients of these services. Parties shall each designate a representative who shall meet as often as necessary to discuss quality improvement measures related to patient stabilization and/or treatment prior to and subsequent to transfer and patient outcome. The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement to the extent permissible under applicable laws. All information obtained and any materials prepared pursuant to this section and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient, as may be amended from time to time.

4.6 Nondiscrimination. The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age or handicap, under any program or activity receiving Federal financial assistance.

4.7 Affiliation. Each party shall retain the right to affiliate or contract under similar agreements with other institutions while this Agreement is in effect.

4.8 Applicable Laws. The parties agree to fully comply with applicable federal, and state laws and regulations affecting the provision of services under the terms of this Agreement.

4.9 Governing Law. All questions concerning the validity or construction of this Agreement shall be determined in accordance with the laws of Illinois.

4.10 Writing Constitutes Full Agreement. This Agreement embodies the complete and full understanding of HOSPITAL and FACILITY with respect to the services to be provided hereunder. There are no promises, terms, conditions, or obligations other than those contained herein; and this Agreement shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties hereto. Neither this Agreement nor any rights hereunder may be assigned by either party without the written consent of the other party.

4.11 Written Modification. There shall be no modification of this Agreement, except in writing and exercised with the same formalities of this Agreement.

4.12 Severability. It is understood and agreed by the parties hereto that if any part, term, or provision of this Agreement is held to be illegal by the courts or in conflict with any law of the state where made, the validity of the remaining portions or provisions shall be construed and enforced as if the Agreement did not contain the particular part, term, or provision held to be invalid.

4.13 Notices. All notices required to be served by provisions of this Agreement may be served on any of the parties hereto personally or may be served by sending a letter duly addressed by registered or certified mail. Notices to be served on HOSPITAL shall be served at or mailed to: Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center, 4440 West 95th Street, Oak Lawn, IL 60453, Attention: President, with a copy to Advocate Health Care, Senior Vice President and General

Counsel, 3075 Highland Parkway, Downers Grove, Illinois 60515 unless otherwise instructed.

Notices to be served on FACILITY shall be mailed to: Ford City Dialysis, 8159 S. Cicero Ave, Chicago, IL 60652, Attention: Facility Administrator, with copies to: Total Renal Care, Inc., c/o DaVita Inc., 5200 Virginia Way, Brentwood, TN 37027, Attention: Group General Counsel.

IN WITNESS WHEREOF, this Agreement has been executed by HOSPITAL and FACILITY on the date first above written.

ADVOCATE HEALTH AND HOSPITALS CORPORATION
d/b/a ADVOCATE CHRIST MEDICAL CENTER

BY: _____
NAME: Kenneth Lukhard
TITLE: President

TOTAL RENAL CARE, INC. d/b/a FORD CITY DIALYSIS

DocuSigned by:
BY: Brent Haditz
NAME: Brent Haditz
TITLE: Regional Operations Director

APPROVED AS TO FORM ONLY:
DaVita, Inc.

DocuSigned by:
By: Kanika M Rankin

Name: Kanika M. Rankin
Its: Senior Corporate Counsel – Operations

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(i), Relocation of Facilities

The Applicants propose the establishment of a 12-station dialysis facility. Thus, this criterion is not applicable.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(j), Assurances

Attached at Attachment – 24G is a letter from Arturo Sida, Assistant Corporate Secretary, DaVita Inc. certifying that the proposed facility will achieve target utilization by the second year of operation.

Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: In-Center Hemodialysis Assurances

Dear Chair Olson:

Pursuant to 77 Ill. Admin. Code § 1110.1430(k), I hereby certify the following:

- By the second year after project completion, Ford City Dialysis expects to achieve and maintain 80% target utilization; and
- Ford City Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
  - ≥ 85% of hemodialysis patient population achieves urea reduction ratio (URR) ≥ 65% and
  - ≥ 85% of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

Subscribed and sworn to me
This ___ day of _____, 2017

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On July 14, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION DF ATTACHED DOCUMENT

Title or Type of Document: IL CON Ltr to K.Olson re In-Cntr Hemodialysis Assurances (DaVita Inc. / Total Renal Care, Inc.)

Document Date: July 14, 2017 Number of Pages: 1 (one) (Ford City Dialysis)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. (Ford City Dialysis)

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with Norcor Cicero Associates, LLC. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 27, 2017. A real estate letter of intent to lease the facility is attached at Attachment – 34.

Attachment – 34

CUSHMAN & WAKEFIELD
225 West Wacker Drive, Suite 3000
Chicago, IL 60606
Web: www.cushmanwakefield.com

September 5, 2017

Sean Devine
Newcastle Properties
1030 W Higgins Rd #360
Park Ridge, IL 60068

RE: LOI – 8159 S Cicero Ave, Chicago, IL 60652

Mr. Devine:

Cushman & Wakefield ("C&W") has been authorized by Total Renal Care, Inc. a subsidiary of DaVita, Inc. to assist in securing a lease requirement. DaVita, Inc. is a Fortune 200 company with revenues of approximately $13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 in 10 countries outside the US. Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	8159 S Cicero Ave, Chicago, IL 60652 LOT "A" (EXCEPT THE WEST 5 FEET OF THE NORTH 352 FEET THEREOF, EXCEPT THE SOUTH 262.60 FEET THEREOF AND EXCEPT THE NORTH 304.60 FEET OF THE SOUTH 567.20 FEET, ALL AS MEASURED ON THE WEST LINE OF SAID LOT "A") IN THE RESUBDIVISION OF CERTAIN LOTS AND VACATED STREETS IN SCOTTSDALE THIRD ADDITION, BEING RAYMOND L. LUTGERT'S RESUBDIVISION OF PARTS OF LOT 5 IN ASSESSOR'S SUBDIVISION OF SECTION 34, AND THE NORTH 1/2 OF SECTION 32, TOWNSHIP 38 NORTH, RANGE 13 AND PART OF LOT 3 IN THE SUBDIVISION OF LOT 4 IN SAID ASSESSOR'S SUBDIVISION, ALSO LOTS "B", "C" AND "D" IN SCOTTSDALE FIRST ADDITION IN COOK COUNTY, ILLINOIS
TENANT:	Total Renal Care, Inc. or related entity to be named
LANDLORD:	*Norcor Cicero Associates, LLC*
SPACE REQUIREMENTS:	Requirement is for approximately 7,083 SF of contiguous rentable square feet. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.
PRIMARY TERM:	10 years
BASE RENT:	Years 1 – 5 = $25.00/psf NNN Years 6 – 10 = $27.50/psf NNN

Attachment – 34

CUSHMAN & WAKEFIELD

ADDITIONAL EXPENSES:

Taxes - $3.30/sf *(estimated 2017)*
CAM - *$3.77/sf (estimated 2017)*

7,083 / 66,423 = 10.7%

Tenant to pay water, electricity, gas and trash removal directly.

Landlord to limit Tax and CAM charges to $7.07/sf (estimated 2017) in the first full lease year. "Controllable" Common Area Expenses shall not increase by more than five percent (5%) per calendar year on a cumulative basis. It is understood and agreed that controllable Common Area Expenses shall not include snow and ice removal, common area utility expenses, and insurance premiums.

LANDLORD'S MAINTENANCE:

Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

POSSESSION AND RENT COMMENCEMENT:

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within 120 days from the later of February 1, 2018, lease execution or waiver of CON contingency. Rent Commencement shall be the earlier of six (6) months from Possession or the date each of the following conditions have occurred:

a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and

b. A certificate of occupancy for the Premises has been obtained from the city or county; and

c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM:

Tenant's standard lease form.

USE:

The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

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PARKING:

Tenant requests:

a) A stated parking allocation of four stalls per 1,000 sf or higher if required by code
b) Of the stated allocation, dedicated parking at one stall per 1,000 sf
c) Handicapped stalls located near the front door to the Premises
d) A patient drop-off area, preferably covered

BUILDING SYSTEMS:

Landlord shall warrant that the building's mechanical, electrical, plumbing, HVAC systems, roof, and foundation are in good order and repair for one year after lease commencement. Furthermore, Landlord will remain responsible for ensuring the parking and common areas are ADA compliant.

LANDLORD WORK:

Landlord, at Landlord's expense, shall deliver to the Premises the following improvements:

- Remove and replace the existing roof assembly and all existing mechanical equipment and penetrations not being used. Landlord to infill any all old penetrations with metal decking to match existing. Coordinate necessary future penetrations and HVAC openings with Tenant prior to roof install and add roof hatch per mutually agreeable location. Landlord to remove and replace all old clay tile coping with new metal and re-caulk all old metal copings.

- The roof system shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof insulation to meet current energy codes. Ice control measures mechanically or electrically controlled to be considered in climates subject to these conditions. Roof and all related systems to be maintained by the Landlord for the duration of the lease.

- Provide Tenant Improvement Allowance to replace storefront and glazing system with thermally broken system.

- Premises entirely demised and gutted. Landlord will be responsible for demolition of all interior partitions, doors and frames, coolers, freezers, grease trap, plumbing, electrical, mechanical systems, remove all lighting, ceiling grid, carpet and/or ceramic tile and finishes of the existing building from slab to roof deck to create a "raw shell" condition. Premises shall be broom clean and ready for interior improvements; free and clear of any components, asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards.

- Provide Tenant Improvement Allowance to repair concrete in proposed loading area, rust on existing canopy, and rust on the steel lintels.

- Install new gates and fencing with either wood or steel materials. Repaint the enclosure of dock and trash area adjacent to the Premises. All improvements need to be approved by Tenant and coordinated with Tenant's plan.

- Seal overhead door in the rear of the Premises to be taken out and infill old opening with masonry to match existing.

- Sealcoat and restripe the parking lot based upon Tenant's design and provide Tenant identified signage for dedicated stalls including ADA fronting the Premises.

- In addition, Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. If any defects in the structure including the exterior walls, lintels, floor and roof framing or utility lines are found, prior to or during Tenant construction (which are not the fault of the Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant.

TENANT IMPROVEMENTS: As part of Landlord's work, Landlord shall provide a tenant improvement allowance ("TIA") of $20.00/psf.

Tenant shall have the right to remove the existing ramp area and infill at Tenant's cost.

Tenant shall have the option to have the TIA paid directly to Tenant or Tenant's general contractor. TIA to be Tenant's sole discretion, offset in rent, right to select architectural and engineering firms, no supervision fees associated with construction, no charges may be imposed by landlord for the use of loading docks, freight elevators during construction, shipments and landlord to pad elevators, etc.

OPTION TO RENEW: Three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 10 of the initial term and following each successive five-year option periods.

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE: Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and

any extension thereof, under the same terms and conditions of Tenant's existing lease.

FAILURE TO DELIVER PREMISES: If Landlord has not delivered the premises to Tenant with all Landlord Work items substantially completed within 120 days from the later of February 1, 2018, lease execution or waiver of CON contingency, Tenant may elect to receive two days of rent abatement for every day of delay beyond the 120-day delivery period.

HOLDING OVER: Tenant shall be obligated to pay 110% of the then current rate.

TENANT SIGNAGE: Tenant shall have the right to install building, monument and dual pylon signage at the Premises, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS: Tenant requires building hours of 24 hours a day, seven days a week.

SUBLEASE/ASSIGNMENT: Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval.

ROOF RIGHTS: Tenant shall have the right to place a satellite dish on the roof at no additional fee.

NON-COMPETE: Landlord agrees not to lease space to another dialysis provider within a five-mile radius of Premises.

HVAC: As part of Landlord's work, Landlord shall provide an HVAC allowance included in the Tenant Improvement Allowance indicated above. Tenant responsible for HVAC distribution.

DELIVERIES: To be reconfigured by Tenant in existing loading area adjacent to the Premises.

GOVERNMENTAL COMPLIANCE: Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and to the best of Landlord's knowledge, environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

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CERTIFICATE OF NEED: Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from an executed LOI. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the date of an executed LOI, neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

ENVIRONMENTAL SURVEY: Landlord to deliver Premises free and clear of any environmental issues including but not limited to asbestos and mold. Landlord will provide Tenant with a letter from a certified environmental consultant acceptable to Tenant certifying the space as such.

BROKERAGE FEE: Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee per separate agreement.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit B. The information in this proposal is confidential and may be legally privileged. It is intended solely fnr the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,

Matthew Gramlich

CC: DaVita Regional Operational Leadership

CUSHMAN & WAKEFIELD

SIGNATURE PAGE

LETTER OF INTENT: 8159 S Cicero Ave, Chicago, IL 60652

AGREED TO AND ACCEPTED THIS 6 DAY OF SEPTEMBER 2017

By: _____

On behalf of Total Renal Care, Inc., a subsidiary of DaVita, Inc.
("Tenant")

AGREED TO AND ACCEPTED THIS 5TH DAY OF SEPTEMBER 2017

By: _____

On behalf of NORCOR CICERO ASSOCIATES, LLC
("Landlord")

CUSHMAN & WAKEFIELD

EXHIBIT A

NON-BINDING NOTICE

NOTICE: THE PROVISONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR C&W) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR C&W INTENDS ON THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS LETTER OF INTENT WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. C&W IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES C&W HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD.

Section IX, Financial Feasibility
Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 27, 2017.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 37A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. attesting that the total estimated project costs will be funded entirely with cash.

Attachment – 37A

Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

Subscribed and sworn to me
This ___ day of _____, 2017

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On July 14, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public · California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Ltr to K.Olson re Reasonableness of Financing (DaVita Inc. / Total Renal Care, Inc.)

Document Date: July 14, 2017 Number of Pages: 1 (one) (Ford City Dialysis)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. (Ford City Dialysis)

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(b), Conditions of Debt Financing

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(c), Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet by Department is provided in the table below.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. $ (A x C)	Mod. $ (B x E)	
CLINICAL									
ESRD		$177.15			4,390		$777,708		$777,708
Contingency		$17.72			4,390		$77,770		$77,770
TOTAL CLINICAL		**$194.87**			**4,390**		**$855,478**		**$855,478**
NON-CLINICAL									
Admin		$177.15			2,693		$477,077		$477,077
Contingency		$17.72			2,693		$47,707		$47,707
TOTAL NON-CLINICAL		**$194.87**			**2,693**		**$524,784**		**$524,784**
TOTAL		**$194.87**			**7,083**		**$1,380,262**		**$1,380,262**
* Include the percentage (%) of space for circulation									

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
Modernization Construction Contracts & Contingencies	$855,478	$194.87 x 4,390 GSF = $855,479	Meets State Standard
Contingencies	$77,770	10% - 15% of Modernization Construction Contracts 10% - 15% x $777,708 = $77,770 - $116,656	Meets State Standard
Architectural/Engineering Fees	$92,000	7.18% - 10.78% of Modernization Construction Contracts + Contingencies) = 7.18% - 10.78% x ($777,708 + $77,770) =	Meets State Standard

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
		7.18% - 10.78% x $855,478 = $61,423 - $92,220	
Consulting and Other Fees	$80,000	No State Standard	No State Standard
Moveable Equipment	$627,905	$53,682.74 per station x 12 stations $53,682.74 x 12 = $644,192	Meets State Standard
Fair Market Value of Leased Space or Equipment	$1,236,292	No State Standard	No State Standard

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(d), Projected Operating Costs

Operating Expenses: $2,225,459

Treatments: 9,516

Operating Expense per Treatment: $233.86

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(e), Total Effect of Project on Capital Costs

Capital Costs:

Depreciation:	$206,629
Amortization:	$10,821
Total Capital Costs:	$217,450

Treatments: 9,516

Capital Costs per Treatment: $22.85

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2016 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was included as part of our Illini Renal CON application (Proj. No. 17-032). As referenced in the report, DaVita led the industry in quality, with twice as many Four- and Five-Star centers than other major dialysis providers. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients.

   DaVita accepts and dialyzes patients with renal failure needing a regular course of hemodialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, disability or ability to pay. Because of the life sustaining nature of dialysis, federal government guidelines define renal failure as a condition that qualifies an individual for Medicare benefits eligibility regardless of their age and subject to having met certain minimum eligibility requirements including having earned the necessary number of work credits. Indigent ESRD patients who are not eligible for Medicare and who are not covered by commercial insurance are eligible for Medicaid benefits. If there are gaps in coverage under these programs during coordination of benefits periods or prior to having qualified for program benefits, grants are available to these patients from both the American Kidney Foundation and the National Kidney Foundation. If none of these reimbursement mechanisms are available for a period of dialysis, financially needy patients may qualify for assistance from DaVita in the form of free care.

2. The proposed Ford City Dialysis will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. Average utilization of existing dialysis facilities within the Ford City GSA that have been operational for at least 2 years is 83.33%. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD.

   Michael Arvan, M.D. with J. R. Nephrology & Associates, S.C. is currently treating 135 CKD patients, who reside within either the ZIP code of the proposed Ford City Dialysis (60652) or 6 other nearby ZIP codes, all within 6 miles of the proposed Ford City Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Arvan anticipates that at least 61 of these 135 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Further, no patients are expected to transfer from existing facilities within the Ford City Dialysis GSA. Accordingly, the proposed Ford City Dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

3. The proposed project is for the establishment of Ford City Dialysis. As such, this criterion is not applicable.

4. A table showing the charity care and Medicaid care provided by the Applicants for the most recent three calendar years is provided below.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2014	2015	2016
Charity (# of patients)	146	109	110
Charity (cost in dollars)	$2,477,363	$2,791,566	$2,400,299
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	708	422	297
Medicaid (revenue)	$8,603,971	$7,381,390	$4,692,716

Section XII, Charity Care Information

The table below provides charity care information for all dialysis facilities located in the State of Illinois that are owned or operated by the Applicants.

CHARITY CARE			
	2014	2015	2016
Net Patient Revenue	**$266,319,949**	**$311,351,089**	**$353,226,322**
Amount of Charity Care (charges)	$2,477,363	$2,791,566	$2,400,299
Cost of Charity Care	$2,477,363	$2,791,566	$2,400,299

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from Dr. Michael Arvan projecting 61 pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion.

JR NEPHROLOGY & ASSOCIATES, S.C.

James J. Rydel, M.D., F.A.C.P.
Michael E. Arvan, M.D.
Sreya Pallath, M.D.

4542 WEST 95TH STREET
OAK LAWN, IL 60453
PHONE: 708/425-0522
FAX: 708/425-4505

Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

I am a nephrologist in practice with J. R. Nephrology & Associates, S.C. ("J. R. Nephrology"). I am writing on behalf of J. R. Nephrology in support of DaVita's establishment of Ford City Dialysis, for which I will be the medical director. The proposed 12-station chronic renal dialysis facility, to be located in Chicago, Illinois 60652 will directly benefit our patients.

DaVita's proposed facility will improve access to necessary dialysis services on the south side of Chicago. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis for residents of similar communities throughout the country and abroad. It has also invested in many quality initiatives to improve its patients' health and outcomes.

The site of the proposed facility is close to Interstates 90, 94, 57, 294, and 55 (I-90, I-94, I-57, I-294, and I-55) and will provide better access to patients residing on the south side of Chicago. Utilization of facilities in operation for more than two years within the 30 minute Geographic Service Area of the proposed facility was 82.58%, according to June 30, 2017 reported census data.

I have identified 135 patients from my practice who are suffering from CKD, who all reside within either the ZIP code of the proposed facility (60652) or 6 other nearby ZIP codes, all within 6 miles of 60652. Conservatively, I predict at least 61 of the 135 CKD patients will progress to dialysis within 12 to 24 months of completion of Ford City Dialysis. My large patient base and the significant utilization at nearby facilities demonstrate considerable demand for this facility.

A list of patients who have received care at existing facilities in the area over the past 3 years and most recent quarter is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past year and most recent quarter is provided at Attachment – 2. The list of zip codes for the 135 pre-ESRD patients previously referenced is provided at Attachment – 3.

These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

DaVita is a leading provider of dialysis services in the United States and I support the proposed establishment of Ford City Dialysis.

Sincerely,

Michael Arvan, M.D.
Nephrologist
J. R. Nephrology & Associates, S.C.
4542 West 95th Street
Oak Lawn, Illinois 60453

Subscribed and sworn to me
This 3 day of October, 2017

Notary Public:

OFFICIAL SEAL
CYNTHIA MASIAS
Notary Public - State of Illinois
My Commission Expires 8/12/2018

Attachment 1
Historical Patient Utilization

Beverly Dialysis							
2014		2015		2016		Q1 (3/31)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60445	1	60419	2	60406	1	60406	1
60453	1	60643	1	60419	1	60419	1
60473	1	60445	1	60430	1	60430	1
60609	1	60453	1	60473	1	60465	1
60610	1	60455	1	60609	2	60473	1
60617	5	60473	1	60610	1	60609	2
60619	4	60609	1	60617	6	60610	1
60620	12	60617	5	60619	5	60617	6
60626	1	60619	4	60620	18	60619	6
60628	6	60620	17	60626	1	60620	17
60629	4	60626	1	60628	8	60626	1
60636	3	60628	9	60629	3	60628	8
60643	2	60629	6	60636	4	60629	3
60649	1	60636	5	60643	3	60636	4
60652	6	60643	1	60649	2	60643	3
60653	2	60649	1	60652	11	60649	2
60805	1	60652	8	60653	2	60652	11
		60653	2	60803	1	60653	2
		60803	1			60803	1
		60805	1				
		60827	1				

Attachment 1
Historical Patient Utilization

Stony Creek Dialysis							
2014		2015		2016		Q1 (3/31)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60459	1	60415	1	60415	5	60415	6
60115	1	60073	1	60445	1	60453	16
60415	2	60115	1	60453	18	60455	4
60445	1	60415	3	60455	4	60456	1
60450	1	60445	1	60456	1	60457	1
60453	9	60450	1	60457	2	60458	1
60455	4	60453	13	60458	1	60459	5
60456	3	60455	7	60459	5	60465	1
60457	3	60456	3	60465	2	60525	1
60458	2	60457	2	60491	1	60609	1
60459	2	60458	2	60609	1	60617	2
60463	1	60459	4	60617	2	60620	2
60465	1	60463	1	60620	2	60628	1
60467	1	60465	1	60628	2	60629	9
60482	1	60467	1	60629	7	60636	2
60491	1	60491	1	60632	1	60643	1
60501	1	60617	1	60636	2	60652	5
60617	1	60620	3	60643	1	60655	2
60620	4	60628	2	60652	5	60803	1
60628	2	60629	5	60655	2	60805	1
60629	4	60632	2	60803	1		
60632	3	60636	1	60805	1		
60636	1	60643	1				
60643	1	60652	3				
60652	4	60655	1				
60805	1	60803	1				

Attachment 1
Historical Patient Utilization

West Lawn Dialysis							
2014		2015		2016		Q1 (3/31)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60629	14	60620	1	60457	1	60457	1
60632	3	60621	1	60619	1	60619	1
60638	1	60629	17	60620	1	60620	1
60652	1	60632	3	60621	1	60621	1
60805	1	60638	2	60629	23	60629	27
		60652	1	60632	3	60632	3
		60805	1	60636	1	60636	1
				60638	2	60638	3
				60652	3	60643	1
				60805	1	60652	5
						60805	1

Attachment 1
Historical Patient Utilization

Chicago Ridge Dialysis							
2014		2015		2016		Q1 (3/31)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA	60415	1	60415	1
				60453	2	60453	2
				60457	2	60457	2
				60458	1	60458	1
				60465	1	60463	2
				60467	1	60465	1
				60477	1	60467	1
				60482	2	60482	2
				60487	1	60551	1
				60605	2	60620	2
				60620	2	60628	1
				60628	1	60638	1
				60652	1	60652	1
				60803	1	60803	3

Attachment 2
New Patients

Beverly Dialysis			
2016		Q1 (3/31)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60406	1	60619	1
60609	1	60620	1
60617	1	60628	1
60620	2	60636	1
60629	2	60643	1
60636	1	60652	2
60643	1		
60649	1		
60651	1		
60652	1		
60827	1		

Attachment 2
New Patients

Stony Creek Dialysis			
2016		Q1 (3/31)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60415	1	60415	2
60453	7	60453	2
60455	1	60525	1
60457	1	60629	2
60459	2		
60465	2		
60609	1		
60617	1		
60629	3		
60636	1		
60652	2		
60655	1		
60805	1		

Attachment 2
New Patients

West Lawn Dialysis			
2016		Q1 (3/31)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60073	1	60629	3
60457	1	60638	1
60619	1	60643	1
60620	1	60652	1
60629	7		
60636	2		
60652	3		

Attachment 2
New Patients

Chicago Ridge Dialysis			
2016		Q1 (3/31)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60415	1	60445	1
60453	3	60463	1
60457	2	60501	1
60458	1	60638	1
60465	1	60803	1
60467	1		
60477	1		
60482	1		
60487	1		
60605	2		
60620	2		
60628	1		
60643	1		
60652	1		
60803	1		

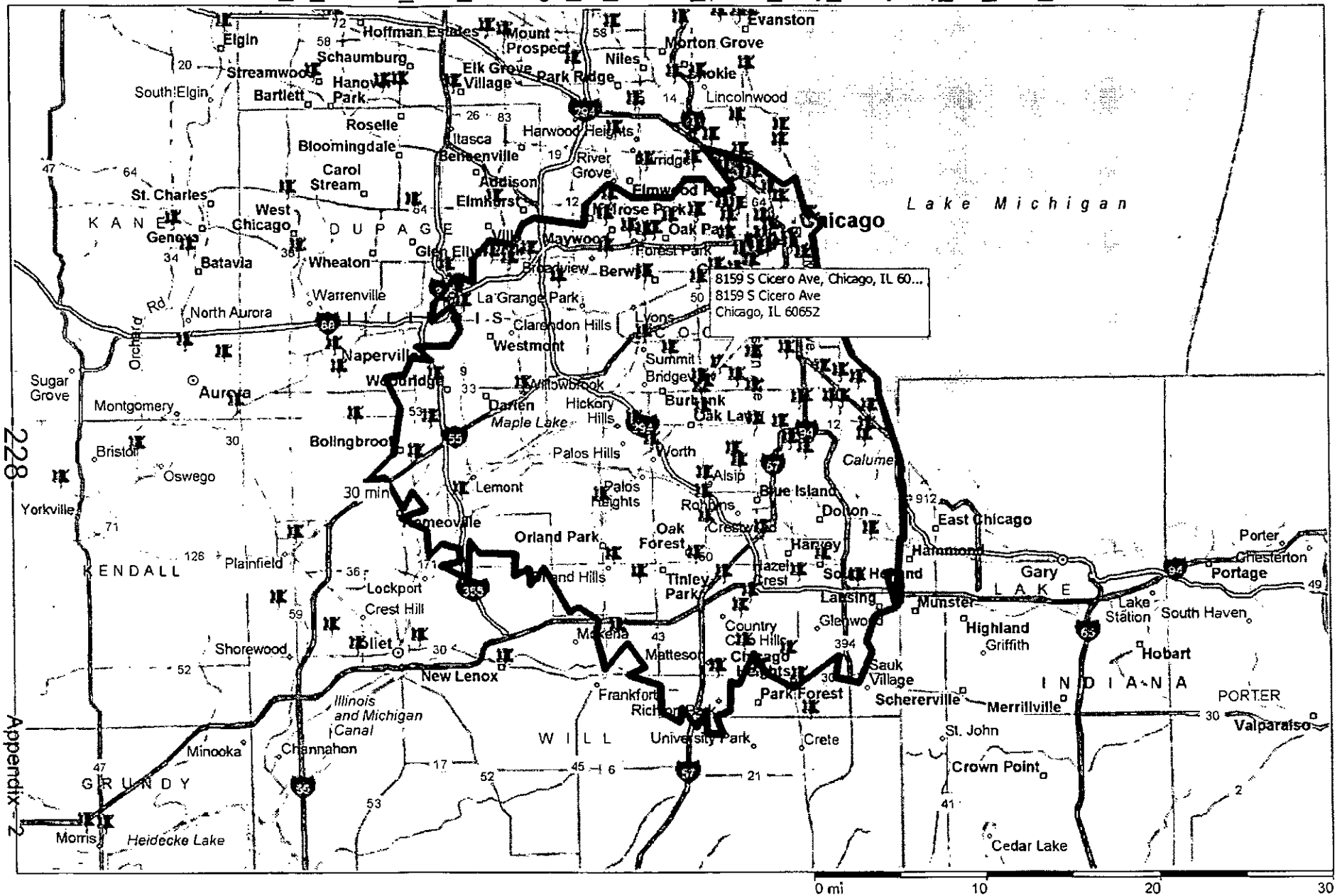
Attachment 3
Pre-ESRD Patients

Zip Code	Total
60652	37
60456	2
60805	17
60459	31
60655	22
60638	20
60632	6
Total	**135**

Appendix 2 – Time & Distance Determination

Attached as Appendix 2 are the distance and normal travel time from all existing dialysis facilities in the GSA to the proposed facility, as determined by MapQuest.

8159_S_Cicero_Ave_Chicago_IL_60652_(Ford_City_Dialysis)_30_Min_GSA



YOUR TRIP TO:

8159 S Cicero Ave

23 MIN | 10.1 MI

Est. fuel cost: $1.04

Trip time based on traffic conditions as of 4:59 PM on August 15, 2017. Current Traffic: Heavy

Palos Park Dialysis to proposed site for Ford City Dialysis

1. Start out going **north** on S La Grange Rd/US-45 N toward W 131st St.

Then 0.10 miles — 0.10 total miles

2. Take the 1st **right** onto W 131st St.

If you reach W Creek Rd you've gone about 0.2 miles too far.

Then 0.68 miles — 0.78 total miles

3. Turn **left** onto Southwest Hwy/IL-7. Continue to follow Southwest Hwy.

Southwest Hwy is 0.4 miles past Southmoor Dr.

Then 6.22 miles — 7.00 total miles

4. Turn **right** onto W 95th St/US-20 E/US-12 E.

W 95th St is 0.1 miles past Austin Ave.

Then 1.45 miles — 8.46 total miles

5. Turn **left** onto S Cicero Ave/IL-50.

S Cicero Ave is just past Lacrosse Ave.

If you reach Kilpatrick Ave you've gone about 0.1 miles too far.

Then 1.65 miles — 10.10 total miles

6. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

Your destination is 0.1 miles past W 83rd St.

If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

22 MIN | 7.7 MI

Est. fuel cost: $0.75

Trip time based on traffic conditions as of 5:04 PM on August 15, 2017. Current Traffic: Heavy

Concerto Dialysis - Crestwood to proposed site for Ford City Dialysis

1. Start out going **north** on Cicero Ave/IL-50/IL-83 toward 143rd St. Continue to follow Cicero Ave/IL-50.

Then 7.71 miles

7.71 total miles

2. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

Your destination is 0.1 miles past W 83rd St.

If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

18 MIN | 6.4 MI

Est. fuel cost: $0.62

Trip time based on traffic conditions as of 5:05 PM on August 15, 2017. Current Traffic: Heavy

FMC Dialysis Center of America - Crestwood to proposed site for Ford City Dialysis

1. Start out going **southeast** on Cal Sag Rd/IL-83 toward Cicero Ave/IL-50.

   Then 0.12 miles — 0.12 total miles

2. Turn **sharp left** onto Cicero Ave/IL-50/IL-83. Continue to follow Cicero Ave/IL-50.

   Cicero Ave is just past Cal Sag Rd.

   Then 6.28 miles — 6.39 total miles

3. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

   Your destination is 0.1 miles past W 83rd St.

   If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

20 MIN | 5.8 MI

Est. fuel cost: $0.58

Trip time based on traffic conditions as of 5:06 PM on August 15, 2017. Current Traffic: Heavy

USRC Hickory Hills to proposed site for Ford City Dialysis

1. Start out going **north** on Hickory Palos Sq toward W 95th St/US-20 E/US-12 E.

Then 0.07 miles — 0.07 total miles

2. Take the 1st **right** onto W 95th St/US-20 E/US-12 E.

Then 4.09 miles — 4.17 total miles

3. Turn **left** onto S Cicero Ave/IL-50.

S Cicero Ave is just past Lacrosse Ave.

If you reach Kilpatrick Ave you've gone about 0.1 miles too far.

Then 1.65 miles — 5.81 total miles

4. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

Your destination is 0.1 miles past W 83rd St.

If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

19 MIN | 7.0 MI

Est. fuel cost: $0.71

Trip time based on traffic conditions as of 5:08 PM on August 15, 2017. Current Traffic: Heavy

FMC Summit to proposed site for Ford City Dialysis

1. Start out going **east** on Archer Ave toward S 73rd Ave.

Then 0.15 miles — 0.15 total miles

2. Turn **right** onto S Harlem Ave/IL-43.

S Harlem Ave is just past S 72nd Ct.

If you are on W Archer Ave and reach S Neva Ave you've gone a little too far.

Then 0.88 miles — 1.03 total miles

3. Keep **left** at the fork to continue on S Harlem Ave/IL-43.

Then 2.27 miles — 3.30 total miles

4. Turn **left** onto W 79th St.

W 79th St is 0.1 miles past W 78th St.

If you reach W 80th St you've gone about 0.1 miles too far.

Then 3.02 miles — 6.32 total miles

5. Turn **right** onto S Cicero Ave/IL-50.

S Cicero Ave is just past La Crosse Ave.

If you reach S Kilpatrick Ave you've gone about 0.1 miles too far.

Then 0.50 miles — 6.82 total miles

6. Make a **U-turn** at W 83rd St onto S Cicero Ave/IL-50.

If you reach W 84th St you've gone about 0.1 miles too far.

Then 0.14 miles — 6.96 total miles

7. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

17 MIN | 5.9 MI

Est. fuel cost: $0.59

Trip time based on traffic conditions as of 5:09 PM on August 15, 2017. Current Traffic: Heavy

Chicago Ridge Dialysis to proposed site for Ford City Dialysis

1. Start out going **north** on S Harlem Ave/IL-43 toward W 105th St.

Then 2.24 miles — 2.24 total miles

2. Turn **right** onto W 87th St.

W 87th St is 0.2 miles past Hartford St.

Then 3.01 miles — 5.25 total miles

3. Turn **left** onto S Cicero Ave/IL-50.

S Cicero Ave is 0.1 miles past Lamon Ave.

If you reach Staycoff Ln you've gone a little too far.

Then 0.65 miles — 5.90 total miles

4. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the right.

Your destination is 0.1 miles past W 83rd St.

If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

16 MIN | 5.2 MI

Est. fuel cost: $0.51

Trip time based on traffic conditions as of 5:11 PM on August 15, 2017. Current Traffic: Heavy

FMC Alsip to proposed site for Ford City Dialysis

1. Start out going **west**.	
Then 0.01 miles	0.01 total miles
2. Take the 1st **right**.	
Then 0.10 miles	0.11 total miles
3. Turn **right** onto W 122nd St.	
Then 0.09 miles	0.20 total miles
4. Turn **left** onto S Cicero Ave/IL-50.	
Then 5.05 miles	5.25 total miles
5. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.	
Your destination is 0.1 miles past W 83rd St.	
If you reach W 81st St you've gone about 0.1 miles too far.	

Appendix - 2

YOUR TRIP TO:

mapquest

8159 S Cicero Ave

2 MIN | 1.2 MI

Est. fuel cost: $0.11

Trip time based on traffic conditions as of 5:12 PM on August 15, 2017. Current Traffic: Moderate

DCC of Oak Lawn to proposed site for Ford City Dialysis

1. Start out going **north** on S Cicero Ave/IL-50 toward W 91st St.

   Then 1.17 miles — 1.17 total miles

2. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

   Your destination is 0.1 miles past W 83rd St.

   If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

9 MIN | 3.8 MI

Est. fuel cost: $0.38

Trip time based on traffic conditions as of 5:15 PM on August 15, 2017. Current Traffic: Heavy

Stony Creek Dialysis to proposed site for Ford City Dialysis

1. Start out going **west** on W 95th St/US-20 W/US-12 W toward Mobile Ave.

Then 0.17 miles — 0.17 total miles

2. Take the 2nd **right** onto Ridgeland Ave.

Ridgeland Ave is 0.1 miles past Mobile Ave.

If you reach Chicago Ridge Mall you've gone about 0.1 miles too far.

Then 0.98 miles — 1.15 total miles

3. Turn **right** onto W 87th St.

W 87th St is 0.1 miles past W 88th St.

If you are on State Rd and reach W 86th Pl you've gone about 0.1 miles too far.

Then 2.01 miles — 3.16 total miles

4. Turn **left** onto S Cicero Ave/IL-50.

S Cicero Ave is 0.1 miles past Lamon Ave.

If you reach Staycoff Ln you've gone a little too far.

Then 0.65 miles — 3.80 total miles

5. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

Your destination is 0.1 miles past W 83rd St.

If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

16 MIN | 4.4 MI

Est. fuel cost: $0.45

Trip time based on traffic conditions as of 5:17 PM on August 15, 2017. Current Traffic: Heavy

FMC Midway to proposed site for Ford City Dialysis

1. Start out going **east** on W 63rd St toward S Melvina Ave.

Then 1.76 miles — 1.76 total miles

2. Turn **right** onto S Cicero Ave/IL-50.

S Cicero Ave is just past S La Crosse Ave.

If you reach S Keating Ave you've gone a little too far.

Then 2.52 miles — 4.28 total miles

3. Make a **U-turn** at W 83rd St onto S Cicero Ave/IL-50.

If you reach W 84th St you've gone about 0.1 miles too far.

Then 0.14 miles — 4.42 total miles

4. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

mapquest

8159 S Cicero Ave

3 MIN | 1.1 MI

Est. fuel cost: $0.13

Trip time based on traffic conditions as of 5:21 PM on August 15, 2017. Current Traffic: Moderate

FMC Burbank to proposed site for Ford City Dialysis

1. Start out going **south** on La Crosse Ave toward W 76th St.
   Then 0.04 miles — 0.04 total miles

2. Take the 1st **left** onto W 76th St.
   Then 0.10 miles — 0.14 total miles

3. Take the 1st **right** onto IL-50/S Cicero Ave.
   If you reach Ford City Shopping Ctr you've gone a little too far.
   Then 0.86 miles — 1.01 total miles

4. Make a **U-turn** at W 83rd St onto S Cicero Ave/IL-50.
   If you reach W 84th St you've gone about 0.1 miles too far.
   Then 0.14 miles — 1.15 total miles

5. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.
   If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

2 MIN | 0.9 MI

Est. fuel cost: $0.09

Trip time based on traffic conditions as of 5:22 PM on August 15, 2017. Current Traffic: Heavy

DSI - RCG - Scottsdale to proposed site for Ford City Dialysis

1. Start out going **east** on W 79th St toward S Knox Ave.

Then 0.03 miles — 0.03 total miles

2. Make a **U-turn** at S Knox Ave onto W 79th St.

If you are on W 79th St and reach S Kilpatrick Ave you've gone a little too far.

Then 0.20 miles — 0.23 total miles

3. Turn **left** onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Keating Ave.

If you reach La Crosse Ave you've gone a little too far.

Then 0.51 miles — 0.74 total miles

4. Make a **U-turn** at W 83rd St onto S Cicero Ave/IL-50.

If you reach W 84th St you've gone about 0.1 miles too far.

Then 0.14 miles — 0.88 total miles

5. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right.**

If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

7 MIN | 2.7 MI

Est. fuel cost: $0.30

Trip time based on traffic conditions as of 5:23 PM on August 15, 2017. Current Traffic: Heavy

West Lawn Dialysis to proposed site for Ford City Dialysis

1. Start out going **south** on S Pulaski Rd toward W 70th Pl.

Then 1.59 miles — 1.59 total miles

2. Turn **right** onto W 83rd St.

W 83rd St is 0.1 miles past W 82nd St.

If you reach W 84th St you've gone about 0.1 miles too far.

Then 1.00 miles — 2.59 total miles

3. Turn **right** onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Keating Ave.

If you reach Lamon Ave you've gone about 0.1 miles too far.

Then 0.13 miles — 2.72 total miles

4. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

17 MIN | 6.4 MI

Est. fuel cost: $0.62

Trip time based on traffic conditions as of 5:29 PM on August 15, 2017. Current Traffic: Heavy

FMC - Merrionette Park to proposed site for Ford City Dialysis

1. Start out going **north** on S Kedzie Ave toward W 116th Pl.

   Then 0.20 miles — 0.20 total miles

2. Take the 1st **left** onto W 115th St.

   W 115th St is just past W Meadow Lane Dr.

   If you reach W 114th Pl you've gone a little too far.

   Then 1.01 miles — 1.21 total miles

3. Turn **right** onto S Pulaski Rd.

   S Pulaski Rd is 0.1 miles past S Springfield Ave.

   If you reach S Komensky Ave you've gone a little too far.

   Then 3.52 miles — 4.72 total miles

4. Turn **left** onto W 87th St.

   If you are on S Pulaski Rd and reach W Columbus Ave you've gone a little too far.

   Then 1.01 miles — 5.74 total miles

5. Turn **right** onto S Cicero Ave/IL-50.

   S Cicero Ave is just pest S Keating Ave.

   If you reach Lamon Ave you've gone about 0.1 miles too far.

   Then 0.64 miles — 6.38 total miles

6. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

   Your destination is 0.1 miles pasl W 83rd St.

   If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

16 MIN | 5.4 MI

Est. fuel cost: $0.53

Trip time based on traffic conditions as of 5:30 PM on August 15, 2017. Current Traffic: Heavy

Mount Greenwood Dialysis to proposed site for Ford City Dialysis

1. Start out going **west** on W 111th St toward S Trumbull Ave.

   Then 0.75 miles — 0.75 total miles

2. Turn **right** onto S Pulaski Rd.

   S Pulaski Rd is just past S Harding Ave.

   If you reach S Keeler Ave you've gone about 0.2 miles too far.

   Then 3.01 miles — 3.77 total miles

3. Turn **left** onto W 87th St.

   If you are on S Pulaski Rd and reech W Columbus Ave you've gone a little too far.

   Then 1.01 miles — 4.78 total miles

4. Turn **right** onto S Cicero Ave/IL-50.

   S Cicero Ave is just past S Keating Ave.

   If you reach Lamon Ave you've gone about 0.1 miles too far.

   Then 0.64 miles — 5.42 total miles

5. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

   Your destination is 0.1 miles past W 83rd St.

   If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

16 MIN | 5.2 MI

Est. fuel cost: $0.51

Trip time based on traffic conditions as of 5:32 PM on August 15, 2017. Current Traffic: Heavy

FMC Evergreen Park to proposed site for Ford City Dialysis

1. Start out going **north** on S Western Ave toward W 99th St.

Then 1.53 miles — 1.53 total miles

2. Turn **left** onto W 87th St.

If you reach W 83rd St you've gone about 0.4 miles too far.

Then 3.03 miles — 4.56 total miles

3. Turn **right** onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Keating Ave.

If you reach Lamon Ave you've gone about 0.1 miles too far.

Then 0.64 miles — 5.19 total miles

4. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

Your destination is 0.1 miles past W 83rd St.

If you reech W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

10 MIN | 3.6 MI

Est. fuel cost: $0.35

Trip time based on traffic conditions as of 5:33 PM on August 15, 2017. Current Traffic: Heavy

Beverly Dialysis to proposed site for Ford City Dialysis

1. Start out going **north** on S Western Ave toward W 81st St.
   Then 0.28 miles — 0.28 total miles

2. Turn **left** onto W 79th St.
   If you reach W 78th St you've gone about 0.1 miles too far.
   Then 1.07 miles — 1.34 total miles

3. Turn **slight left** onto W Columbus Ave.
   W Columbus Ave is just past S Kedzie Ave.
   If you reach S Sawyer Ave you've gone a little too far.
   Then 0.72 miles — 2.06 total miles

4. Turn **right** onto W 83rd St.
   W 83rd St is 0.1 miles past S Central Park Ave.
   If you reach W 83rd Pl you've gone a little too far.
   Then 1.45 miles — 3.52 total miles

5. Turn **right** onto S Cicero Ave/IL-50.
   S Cicero Ave is just past S Keating Ave.
   If you reach Lamon Ave you've gone about 0.1 miles too far.
   Then 0.13 miles — 3.65 total miles

6. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the right.
   If you reech W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

24 MIN | 8.3 MI

Est. fuel cost: $0.87

Trip time based on traffic conditions as of 5:34 PM on August 15, 2017. Current Traffic: Heavy

Washington Heights Dialysis to proposed site for Ford City Dialysis

1. Start out going **south** on S Halsted St/IL-1 toward W 107th St.	
Then 0.08 miles	0.08 total miles
2. Take the 1st **right** onto W 107th St. *If you reach W 108th St you've gone about 0.1 miles too far.*	
Then 2.00 miles	2.08 total miles
3. Turn **right** onto S Western Ave. *S Western Ave is just past S Claremont Ave.* *If you reach S Artesian Ave you've gone a little too far.*	
Then 2.52 miles	4.60 total miles
4. Turn **left** onto W 87th St. *If you reach W 83rd St you've gone about 0.4 miles too far.*	
Then 3.03 miles	7.63 total miles
5. Turn **right** onto S Cicero Ave/IL-50. *S Cicero Ave is just past S Keating Ave.* *If you reach Lamon Ave you've gone about 0.1 miles too far.*	
Then 0.64 miles	8.26 total miles
6. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**. *Your destination is 0.1 miles past W 83rd St.* *If you reach W 81st St you've gone about 0.1 miles too far.*	

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

21 MIN | 6.8 MI

Est. fuel cost: $0.66

Trip time based on traffic conditions as of 5:35 PM on August 15, 2017. Current Traffic: Heavy

FMC Beverly Ridge to proposed site for Ford City Dialysis

1. Start out going **north** on S Vincennes Ave toward W 99th St.

Then 0.54 miles — 0.54 total miles

2. Turn **left** onto W 95th St/US-20 W/US-12 W.

W 95th St is just past W 95th Pl.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 1.62 miles — 2.17 total miles

3. Turn **right** onto S Western Ave.

S Western Ave is just past S Claremont Ave.

If you reach S Evergreen Park Plz you've gone a little too far.

Then 1.01 miles — 3.17 total miles

4. Turn **left** onto W 87th St.

If you reach W 83rd St you've gone about 0.4 miles too far.

Then 3.03 miles — 6.20 total miles

5. Turn **right** onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Keating Ave.

If you reach Lamon Ave you've gone about 0.1 miles too far.

Then 0.64 miles — 6.83 total miles

6. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

Your destination is 0.1 miles past W 83rd St.

If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

19 MIN | 6.2 MI

Est. fuel cost: $0.66

Trip time based on traffic conditions as of 5:36 PM on August 15, 2017. Current Traffic: Heavy

FMC Chatham to proposed site for Ford City Dialysis

1. Start out going **northwest** on S Holland Rd toward W 87th St.

   Then 0.01 miles — 0.01 total miles

2. Take the 1st **left** onto W 87th St.

   If you reach W 85th St you've gone about 0.2 miles too far.

   Then 5.60 miles — 5.61 total miles

3. Turn **right** onto S Cicero Ave/IL-50.

   S Cicero Ave is just past S Keating Ave.

   If you reach Lamon Ave you've gone about 0.1 miles too far.

   Then 0.64 miles — 6.25 total miles

4. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

   Your destination is 0.1 miles past W 83rd St.

   If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

7 MIN | 2.7 MI

Est. fuel cost: $0.30

Trip time based on traffic conditions as of 5:38 PM on August 15, 2017. Current Traffic: Moderate

FMC Southside to proposed site for Ford City Dialysis

1. Start out going **west** on W 76th St toward S Kedzie Ave.

Then 0.02 miles — 0.02 total miles

2. Turn **left** onto S Kedzie Ave.

Then 0.33 miles — 0.35 total miles

3. Turn **right** onto W Columbus Ave.

W Columbus Ave is just past W 78th St.

If you are on S Kedzie Ave and reach W 79th St you've gone a little too far.

Then 0.79 miles — 1.13 total miles

4. Turn **right** onto W 83rd St.

W 83rd St is 0.1 miles past S Central Park Ave.

If you reach W 83rd Pl you've gone a little too far.

Then 1.45 miles — 2.58 total miles

5. Turn **right** onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Keating Ave.

If you reach Lamon Ave you've gone about 0.1 miles too far.

Then 0.13 miles — 2.71 total miles

6. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

20 MIN | 4.8 MI

Est. fuel cost: $0.53

Trip time based on traffic conditions as of 5:39 PM on August 15, 2017. Current Traffic: Heavy

FMC - Neomedica - Marquette Park to proposed site for Ford City Dialysis

1. Start out going **north** on S Western Ave toward W 65th St.

   Then 0.08 miles — 0.08 total miles

2. Make a **U-turn** at W 65th St onto S Western Ave.

   If you reach W 64th St you've gone about 0.1 miles too far.

   Then 1.15 miles — 1.24 total miles

3. Turn **right** onto W Columbus Ave.

   W Columbus Ave is just past W 74th St.

   If you reach W 75th St you've gone a little too far.

   Then 1.94 miles — 3.18 total miles

4. Turn **right** onto W 83rd St.

   W 83rd St is 0.1 miles past S Central Park Ave.

   If you reach W 83rd Pl you've gone a little too far.

   Then 1.45 miles — 4.63 total miles

5. Turn **right** onto S Cicero Ave/IL-50.

   S Cicero Ave is just past S Keating Ave.

   If you reach Lamon Ave you've gone about 0.1 miles too far.

   Then 0.13 miles — 4.76 total miles

6. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right.**

   If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

8159 S Cicero Ave

21 MIN | 6.8 MI

Est. fuel cost: $0.76

Trip time based on traffic conditions as of 5:40 PM on August 15, 2017. Current Traffic: Heavy

Brighton Park Dialysis to proposed site for Ford City Dialysis

1. Start out going **south** on S California Ave toward W 47th Pl.

Then 0.94 miles — 0.94 total miles

2. Turn **right** onto W 55th St.

W 55th St is 0.1 miles past W 54th St.

If you reach W 56th St you've gone about 0.1 miles too far.

Then 0.50 miles — 1.44 total miles

3. Turn **left** onto S Kedzie Ave.

S Kedzie Ave is just past S Troy St.

If you reach S Sawyer Ave you've gone a little too far.

Then 2.98 miles — 4.42 total miles

4. Turn **right** onto W Columbus Ave.

W Columbus Ave is just past W 78th St.

If you are on S Kedzie Ave and reach W 79th St you've gone a little too far.

Then 0.79 miles — 5.21 total miles

5. Turn **right** onto W 83rd St.

W 83rd St is 0.1 miles past S Central Park Ave.

If you reach W 83rd Pl you've gone a little too far.

Then 1.45 miles — 6.66 total miles

6. Turn **right** onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Keating Ave.

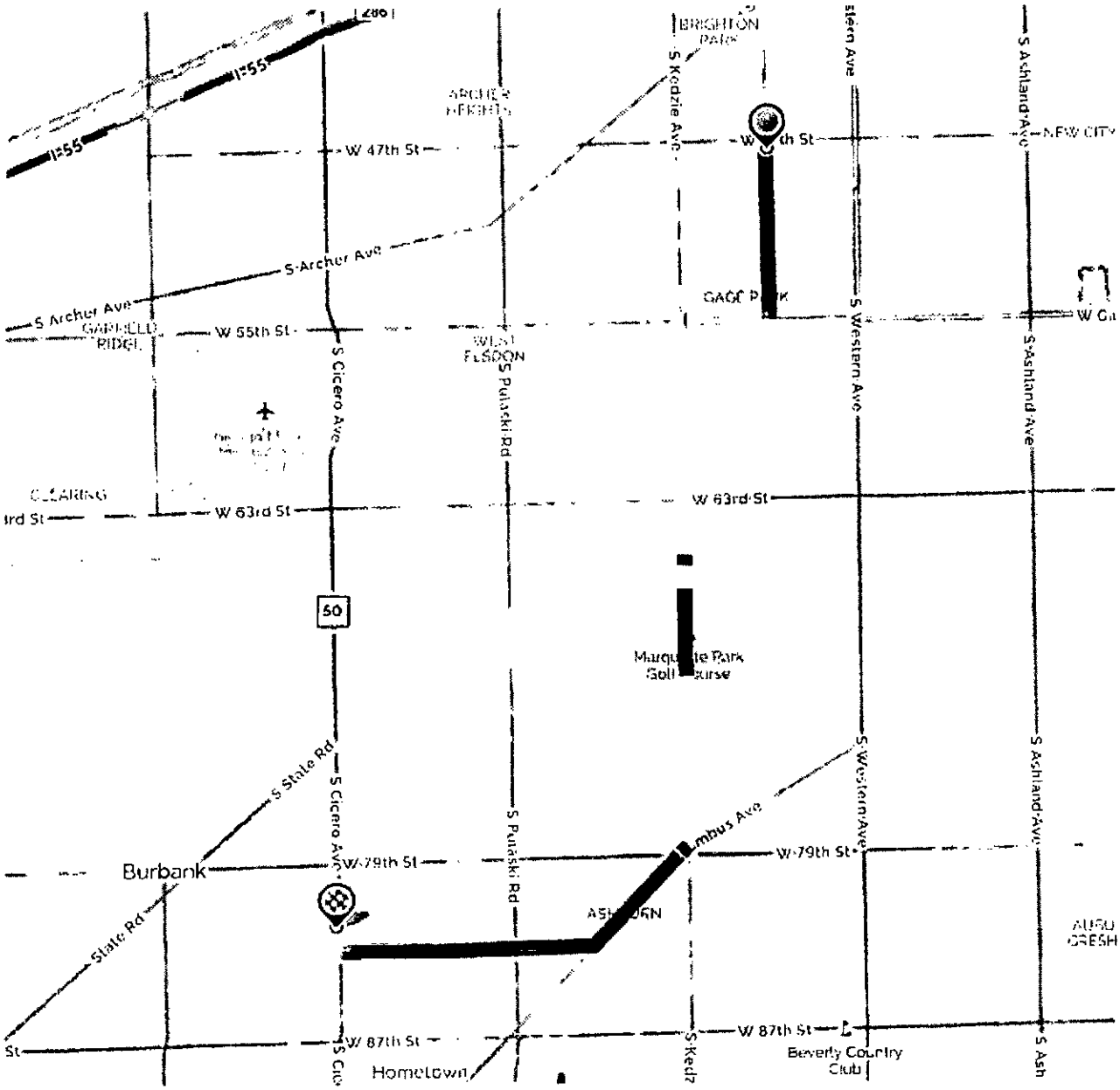
If you reach Lamon Ave you've gone about 0.1 miles too far.

Then 0.13 miles — 6.79 total miles

Appendix - 2

7. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

If you reach W 81st St you've gone about 0.1 miles too far.



YOUR TRIP TO:

8159 S Cicero Ave

20 MIN | 6.6 MI

Est. fuel cost: $0.69

Trip time based on traffic conditions as of 5:44 PM on August 15, 2017. Current Traffic: Heavy

USRC West Chicago to proposed site for Ford City Dialysis

1. Start out going **west**.

Then 0.04 miles — 0.04 total miles

2. Turn **left**.

Then 0.08 miles — 0.12 total miles

3. Turn **right** onto W 87th St.

If you reach S Lafayette Ave you've gone about 0.3 miles too far.

Then 5.80 miles — 5.92 total miles

4. Turn **right** onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Keating Ave.

If you reach Lamon Ave you've gone about 0.1 miles too far.

Then 0.64 miles — 6.56 total miles

5. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

Your destination is 0.1 miles past W 83rd St.

If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

YOUR TRIP TO:

mapquest

8159 S Cicero Ave

23 MIN | 6.8 MI

Est. fuel cost: $0.75

Trip time based on traffic conditions as of 12:48 PM on August 16, 2017. Current Traffic: Heavy

FMC Cicero to proposed site for Ford City Dialysis

1. Start out going **south** on S Cicero Ave/IL-50 toward W 31st St.

   Then 6.70 miles — 6.70 total miles

2. Make a **U-turn** at W 83rd St onto S Cicero Ave/IL-50.

   If you reach W 84th St you've gone about 0.1 miles too far.

   Then 0.14 miles — 6.83 total miles

3. 8159 S Cicero Ave, Chicago, IL 60652-2017, 8159 S CICERO AVE is on the **right**.

   If you reach W 81st St you've gone about 0.1 miles too far.

Appendix - 2

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

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17-053

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150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606-1599 • 312.819.1900

October 9, 2017

Anne M. Cooper
(312) 873-3606
(312) 276-4317 Direct Fax
acooper@polsinelli.com

Via Federal Express
Via E-Mail

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Ford City Dialysis – Request for Expedited Review

Dear Ms. Avery:

On behalf of DaVita Inc. and Total Renal Care, Inc. (collectively "DaVita"), we respectfully request the Illinois Health Facilities and Services Review Board ("State Board") grant expedited review of the above-referenced Ford City Dialysis application for certificate of need permit (the "CON Application") and consider the CON Application at the January 9, 2018 State Board meeting. This project proposes to establish a 12 station facility to be located at 8159 South Cicero Avenue, Chicago, Illinois 60652, Illinois. It is critical the CON Application be heard at the January 9, 2018 meeting. The Ford City geographic service area is an economically disadvantaged area whose residents are predominantly African-American and Hispanic, two minority populations that have a higher incidence and prevalence of kidney disease than the general population. Further, Ashburn Park, where the proposed Ford City Dialysis will be located is a designated Health Professional Shortage Area and a Medically Underserved Area. Additional stations will address these access issues as well as the growing need for dialysis on the south side of Chicago. If the CON Application is approved, DaVita would hope Ford City Dialysis would be operational during the third quarter of 2019.

In filing the CON Application, DaVita seeks authority from the State Board to establish a 12 station dialysis facility. As of June 30, 2017, 2,621 end-stage renal disease ("ESRD") patients reside within Ford City Dialysis geographic service area. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 82.58%. Further, over the past three years, patient census at the existing facilities has increased approximately 6% annually and is anticipated to increase

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for the foreseeable future due to the demographics of the community and disease incidence and prevalence trends. As noted above, this community lacks sufficient access to health care services. This project will ensure access to life sustaining dialysis services is available to patients on the south side of Chicago. Accordingly, DaVita respectfully requests the State Board consider the Ford City Dialysis application at the January 9, 2018 State Board meeting.

Thank you for your time and consideration of our request for expedited review of the Ford City Dialysis CON Application. If you have any questions or need any additional information, please feel free to contact me.

Sincerely,

Anne M. Cooper

Anne M. Cooper

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150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606-1599 • 312.819.1900

ORIGINAL

October 9, 2017

Anne M. Cooper
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acooper@polsinelli.com

FEDERAL EXPRESS

Michael Constantino
Supervisor, Project Review Section
Illinois Department of Public Health
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Application for Permit – Ford City Dialysis

Dear Mr. Constantino:

I am writing on behalf of DaVita Inc. and Total Renal Care, Inc. (collectively, "DaVita") to submit the attached Application for Permit to establish a 12-station dialysis facility in Chicago, Illinois. For your review, I have attached an original and one copy of the following documents:

1. Check for $2,500 for the application processing fee;
2. Completed Application for Permit;
3. Copies of Certificate of Good Standing for the Applicants;
4. Authorization to Access Information;
5. Physician Referral Letter; and
6. Request for expedited review of the Application.

Thank you for your time and consideration of DaVita's application for permit. If you have any questions or need any additional information to complete your review of the DaVita's application for permit, please feel free to contact me.

Sincerely,

Anne M. Cooper

Attachments